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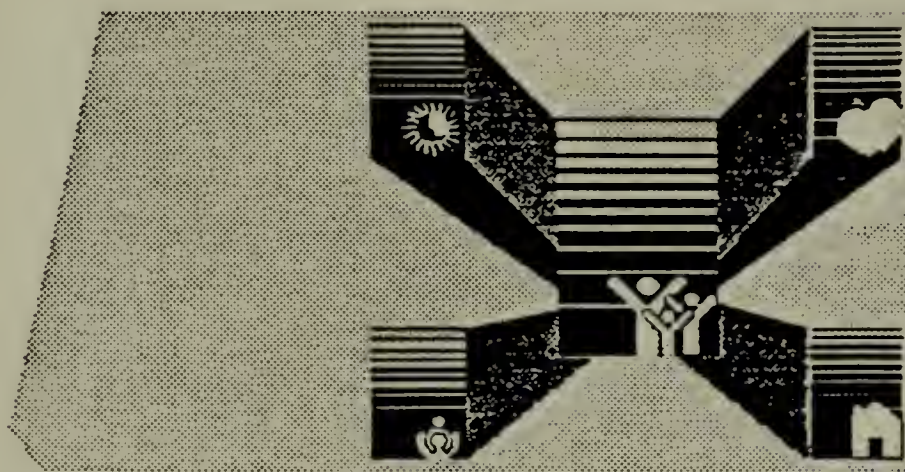
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The AFDC

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Case Management Reference Guide

Department of Public Welfare

931/73

The AFDC Reference Guide

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Application **AFDC**

Completion of CMA-1A

The applicant must be given the opportunity to apply for assistance by completing the CMA-1A the same day he or she requests assistance. The applicant's signature on the CMA-1A establishes the date of application and begins the time frame during which benefits must be provided. The remainder of the application, the CMA-1, may be completed on the same day or on the day of the applicant's interview.

After the CMA-1A is completed:

- Establish the identity of the applicant with a driver's license, social security card, or any of the acceptable verifications to prove age.
- Check the systems (PACES, MMIS) for information if the applicant has been known previously to the Department. If previously known, review reason for closing and contact previous office to obtain case record.
- Determine any immediate needs of the applicant and his or her family. Make sure he or she understands what benefits they may be eligible to receive. See 302.130 of the AFDC policy manual and the Immediate Needs Guide on page 1-2 of this guide.
- Make sure the applicant receives, reads and understands the "Your Right to Know" brochure. "Your Right to Know" is a guide to help the applicant learn about his or her legal rights and responsibilities. Answer any questions the applicant may have regarding "Your Right to Know."
- Do presumptive eligibility if the applicant is pregnant.
- Make sure the applicant signs the CMA-1A.
- Have access to a supply of the most frequently required Departmental forms.
- Complete the ARTS-TD and forward to the data entry unit for key entry. This will ensure proper tracking of the application and help support timeliness of benefits.

**Immediate
Needs Guide**

You must complete a PID immediately when issuing a temporary MassHealth card, OTC food stamps, or invoice(s) for food, shelter, fuel or utilities.

Ask the applicant if he or she has any immediate needs. If yes, and information given indicates eligibility, then:

If immediate need is for food,

- Issue OTC food stamps, if eligible:
 - complete FSP-LC,
 - complete FSP-1B (copy to applicant)

OR

- Issue an invoice for food.

If immediate need is for rent, mortgage, fuel and/or utilities, issue invoice(s).

Make sure the applicant understands that the total amount of invoices will be deducted from the first AFDC check and may not exceed the amount of the first check.

If immediate need is for medical needs, check MMIS CSE screen for prior data before issuing a temporary MassHealth card. Be sure to use the same client numbers as found on MMIS. This number must be used if the applicant had been known previously to the Department.

Continue with application.

Time Frames

Within 24 hours of the CMA-1A being signed, ask the applicant if he or she has immediate needs. Food, rent, mortgage and utility needs must be met on the day of the request. A temporary MassHealth card must be issued within one working day of the request.

Application AFDC

Completion of CMA-1

The interview for completing the AFDC/RRP application, the CMA-1, must be scheduled for the earliest possible date when not completed on the same day as the CMA-1A, but no later than seven days from the date on the CMA-1A. Make sure the application is explained to the applicant, that all of the questions are answered, and that the applicant understands the contents of the application he or she is signing. Have the applicant sign the application.

Note: Do not complete the Health Choices page of the application. This information is collected by the health benefits manager.

Note: The A-34/36, which explains child support rights and requirements, must be explained and completed with the applicant before you gather the information about the absent parent on the CA/CS pages of the application. If good cause is claimed, the applicant does not need to provide information on this page except that which will help determine good cause.

Keep in mind the following responsibilities:

- Protect the applicant's confidentiality, particularly in reception and interviewing areas of the office.
- File proof of the applicant's identity in the case record.
- Assess the applicant's needs and job-readiness. Make appropriate referrals.
- Review the immediate needs of the applicant and his or her family. Refer to the Immediate Needs Guide on page 1-2 of this reference guide.
- Explore the applicant's eligibility for other programs, such as Veterans' benefits, SSI or UCC.

**Completion of
CMA-1
(continued)**

- Convey to the applicant his or her responsibilities in the application process. This will prevent confusion and problems in the future and facilitate an accurate assessment of the family situation. The applicant's responsibilities include:
 - cooperating to provide the required information and verifications within specified time frames;
 - keeping scheduled appointments or notifying you if the appointment cannot be kept;
 - providing information available from other agencies, such as Social Security and schools.
- Make a prompt and accurate assessment of the applicant's categorical and financial eligibility.
- Tell the applicant about applying for food stamps. Assess the applicant's food stamp classification. If the household is a PA household, give the applicant the Language Selection Card (FSP-LC) and a copy of the Penalty Warning and Notice of Right to Request an Interpreter (FSP-1B) that the applicant has signed and dated. The original of the FSP-1B is filed in the case record.

Make sure the FSP-LC and FSP-1B are in the correct language for the applicant.

If the household is an NPA household, then the Household Members page of the application, the CMA-1A, as well as all relevant verifications that have been submitted must be copied and forwarded to the NPA unit. Ensure that an appointment with an NPA worker is scheduled. Verifications previously submitted need not be resubmitted for the NPA application unless the applicant's circumstances have changed.

**Completion of
CMA-1
(continued)**

- Discuss the following areas with the applicant:
 - child support from the absent parent(s), including the applicant's \$50 payment in addition to the grant;
 - direct deposit for checks;
 - third-party liability (TPL); and
 - managed care. Although AFDC eligibility means automatic eligibility for MA, each applicant, unless exempt, is referred to the health benefits manager (HBM) for managed care. The applicant must choose a medical provider, either an HMO (Health Maintenance Organization) or a PCC (Primary Care Clinician) for each member of the assistance unit.
- Inform the applicant that changes in circumstances must be reported within 10 calendar days.
- Complete referrals to the appropriate worker for employment or training services, to the child support worker for support from an absent parent, and to the health benefits manager for enrollment with a PCC or an HMO.
- Discuss transitional child care services (TCC) and transitional medical assistance (TMA) available when an AFDC case closes for earnings.
- Refer to the AFDC policy manual whenever necessary. Pay special attention to the verification requirements listed after each eligibility requirement.

**Major
Eligibility
Requirements**

The major eligibility requirements and their references are:

- Composition of the filing unit and assistance unit (304.300-304.320)
 - Members of the assistance unit;
 - Optional membership in the assistance unit.
- Categorical eligibility requirements (303.000-303.800) and employment and training requirements (307.000)
 - Dependent child;
 - Relationship;
 - Deprivation factors;
 - Residence;
 - SSN;
 - Child Support;
 - Strikers;
 - Employment and training.
- Asset eligibility requirements (304.100-304.140)
 - Countable and noncountable assets
- Income eligibility requirements (304.200-304.290)
 - Countable and noncountable income;
 - Earned and unearned income;
 - Income of parents of minor parents;
 - Deemed income;
 - Income of certain household members not included in the assistance unit must be considered when determining eligibility for the assistance unit (304.210).
- Monthly reporting requirements (302.900-302.980)
- Eligibility and grant determinations (304.400-304.600) and rent allowance (305.910)
 - Income deductions;
 - Eligibility, need and payment standards;
 - Rent allowance eligibility.

Note: When determining income eligibility, use the Case Management Benefits Calculation system (CALC).

Application
AFDC

**Major
Eligibility
Requirements
(continued)**

- Declaration of Citizenship or Alien Status (303.500)

Under federal law, anyone who is applying for or receiving AFDC, MA, or food stamps must sign a statement that he or she is a US citizen or an alien in satisfactory immigration status. In an AFDC or MA assistance unit, all individuals 18 years of age or older must sign for themselves. In food stamps, one adult household member may certify the information for all household members. The AFDC grantee-relative must sign his or her own name for each child under age 18.

Note: US citizens meet this requirement by signing under the certification block on page 2 of the AFDC/RRP application. Aliens must complete the SAVE-1 form.

Verifications

Appropriate verifications must be received to determine eligibility. Verification Checklist (VC-1) identifies the categorical or financial eligibility factors and the most commonly used verifications. Refer to the AFDC policy manual for additional acceptable verifications.

- Check to be sure the verification has not been previously provided and is not available in another case record.
- Explain to the applicant what verifications are needed.
- Answer any questions the applicant may have about where or how to obtain the verifications.
- Give a completed VC-1 to the applicant with the due date for providing the necessary verifications indicated. The time frames for providing the verifications are:
 - initial 22 days from the date of application;
 - automatic 8 additional days if verification(s) is not provided;
 - 15 additional days when requested in writing by the applicant.

When all of the verifications are received within the initial 22 days, eligibility must be determined so the first check or a denial notice will be sent to the applicant within 30 days from the date of application.

When all of the verifications are received after the 8-day or 15-day extension, eligibility must be determined so the first check or a denial notice will be sent to the applicant within 8 days of the last verification being received.

- Request additional verification if the submitted verification is questionable or inconsistent.
- Make sure the SSN verification is an acceptable verification.

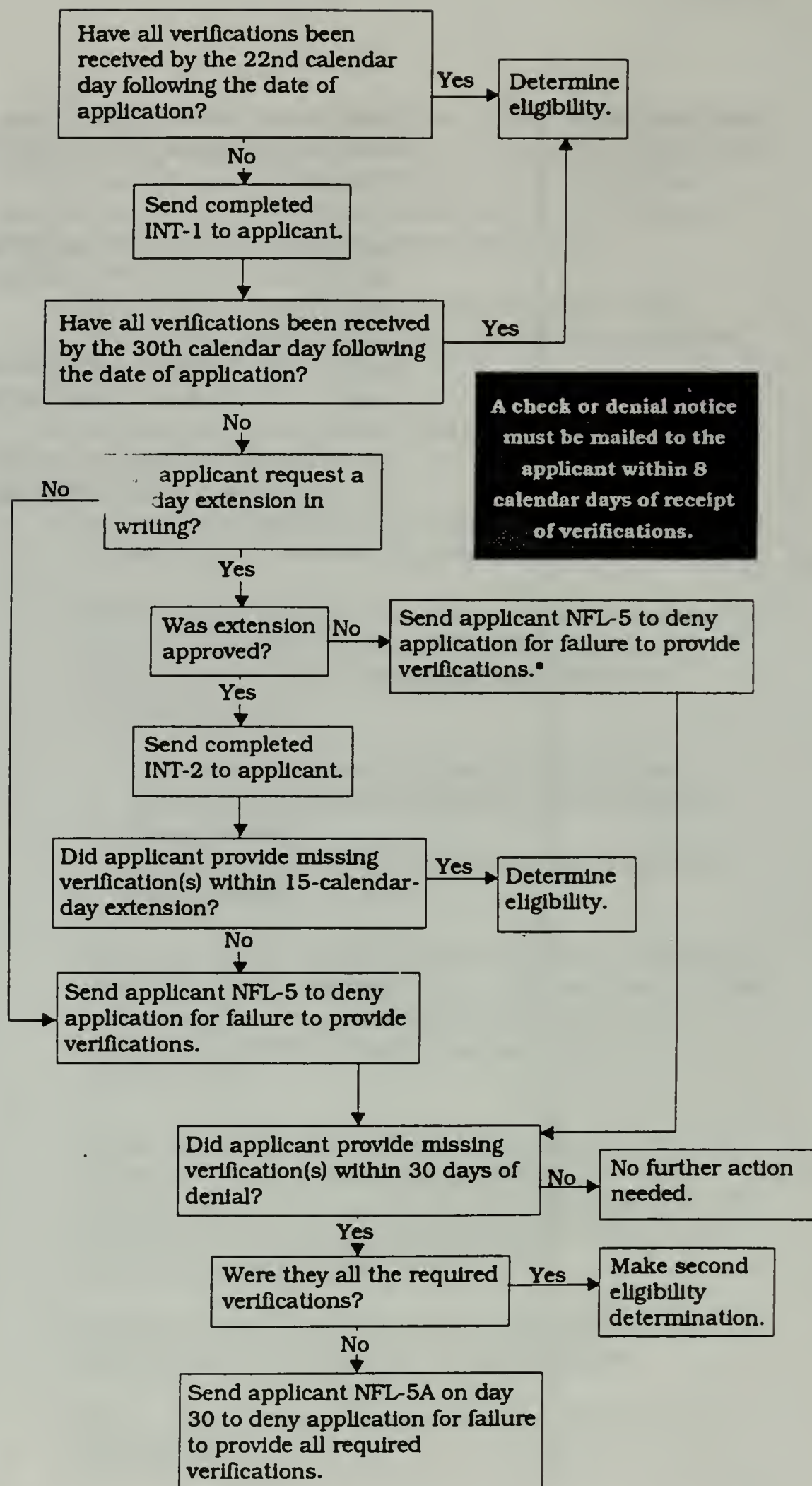
Application
AFDC**Verifications**
(continued)

- Make sure the living arrangements have been reviewed to ensure proper coding for the rent allowance.
- Assist the applicant in exploring alternative verification options and contacting third parties, as appropriate.
- Refer to the "Verification Time Frames Chart" on page 1-10 of this reference guide.
- File verifications in the case record. Make copies of documents and return originals to applicant.

Application AFDC

1-10

Verification Time Frames Chart



(6/92)

• Also, complete a TD if the applicant's case was entered onto PACES.

See 106 CMR 302.160 of the AFDC Policy Manual Time Standards for Applications

**Follow-Up
Activities**

Once the interview with the applicant is completed, the follow-up process begins. During this period the final determination is made whether the applicant's request for assistance is approved, denied or withdrawn.

Follow up on all referrals made during the interview process. Make sure responses have been received from the Child Support Unit and the employment and training worker, when appropriate.

Approvals

Ensure that all the categorical and financial eligibility requirements are met before the application is approved. If a closed case exists, compare past information with current information for inconsistencies.

After approving the application, complete the following activities:

- Check MMIS CSE screen before opening or reopening a case. Information already on file must match the entry of new information, especially the client numbers.

Example: MMIS lists a closed CAT 2 case and two closed client numbers 01 and 02. The applicant is reapplying for the child listed as #01 and another child not listed on MMIS. Client #01 *must* remain client #01 and the other child becomes client #03 (because client #02 belongs to another child who is not being reopened).

If the case is currently open on MA, close the case or specific dependents before opening the AFDC case.

- Complete a PACES Input Document (PID). Pay attention to the following blocks, as applicable:
 - block 32: START DATE – this is the application date if the applicant meets the categorical and financial tests of eligibility as of the application date. Otherwise, the start date is the date the applicant meets the requirements of all eligibility tests.
 - block 35: GROUP CODE – enter correct rent allowance code for living arrangement.

Approvals
(continued)

- block 41: FORTIN - "F" indicates the applicant was responsible for a delay in processing the case; "V" indicates verifications were submitted during the 30-day extension period. The date the last verification is received must be entered in block 1 for all "F" and "V" coded cases. See page 1-10 for the chart describing the verification extension process.
- block 43: SAVE - complete for all AFDC applicants. Enter "Y" if all members are citizens or a SAVE-1 form has been completed by the assistance unit.
- blocks 70, 72, 78, 79: TYPE OF ENTRY (Z), TYPE OF ENTRY (C or S), BANK ROUTING NO., CLIENT BANK ACCT NO.- complete when the applicant will use direct deposit for checks.
- blocks 72 and 74: TYPE OF ENTRY and DATE OF PAYMENT - complete when the applicant is a pregnant woman with no other children.
- blocks 98, 99, 100: ED, WK EX/HR/WG, LAST EMP - complete for education, work history and last employed information.
- blocks 110-114: CORNELIUS - complete for additional financial-related services, as required by the court case.
- blocks 120-123: REFUGEE - complete when the applicant is on Category 0.
- Complete a PACES Worksheet. Enter:
 - earned and unearned income;
 - assets; and
 - correct reporting code.

PACES will generate the approval letter to the applicant. Copy for case record. PACES will generate an Interface Report to Child Support to notify CSEU of application approvals.

Application
AFDC**Approvals**
(continued)

Do not complete a PACES Worksheet if all that would be entered is report Code E to indicate the applicant is exempt from Monthly Reporting.

- Process pending food stamp application. Determine food stamp eligibility. (If the AFDC application is denied for excess income or assets, PACES will determine eligibility for food stamps.)
- Issue a Photo ID card.
- Update the ARTS-TD and forward to the data entry unit for key entry.
- Give the health benefits manager (HBM) copies of the absent parent pages of the application, the completed Managed Care Referral and Enrollment form and all relevant TPL documents. The HBM forwards the information to the TPL Unit.
- Organize the case record properly. This will eliminate duplication of effort in obtaining required verifications and documentation, better facilitate communication with the recipient, and increase efficiency.

Denials

- See the Verification Time Frames Chart on page 1-10 if the case is denied because of failure to provide verification.
- PACES generates the notice to the applicant for income and asset ineligibility. Send an NFL-5 for categorical ineligibility.
- Update the ARTS-TD and forward to the data entry unit for key entry.
- If the AFDC application is denied, the applicant may still be eligible for MA and food stamps unless the AFDC denial reason is applicable to MA and/or food stamps. Eligibility determinations for MA and food stamps must continue.
 1. MA: If the applicant chooses to apply for MA, a separate MA application form is required. If the applicant applies for MA within 30 days of the AFDC denial, the MA application date is the date of the CMA-1A. Beyond 30 days, the MA date is the date the completed MA application is returned to the local office. Forward a copy of the CMA-1A and all relevant verifications to the MA worker but maintain copies for the AFDC case record.
 2. Food Stamps: A separate application is not required for food stamps. A copy of the Household Members page of the application and the CMA-1A will serve as the food stamp application. Forward these two pages and all relevant verifications to the NPA Unit (maintain copies for the AFDC case record). The date on the CMA-1A is the date of the food stamp application.
- Submit a TD using action reason (AR) 70 to close the case at the earliest date if it was opened on the Recipient Master File (RMF) for a temporary MassHealth card or for other immediate needs. A 10-day notice is not required for an AR 70 closing.

Application
AFDC**Denials**
(continued)

- Notify other workers, i.e., Child Support workers, if appropriate.
- Make appropriate referrals.

Withdrawals

- If an applicant wishes to withdraw the application, ask him or her to provide a signed statement for each applicable assistance program.
- When the statement is received, the application is denied. Complete and send an NFL-5.
- Update the ARTS-TD and forward to the data entry unit for key entry.
- Notify other workers, i.e., Child Support workers, if appropriate.
- Submit a TD using AR 70 to close the case at the earliest date if it was opened on the RMF to issue a temporary MassHealth card or for other immediate needs. A 10-day notice is not required for an AR 70 withdrawal.

Redetermination AFDC

Overview

The *redetermination* is a comprehensive review of ongoing eligibility for benefits, conducted during a face-to-face interview with the recipient.

Preparation

Prior to sending the redetermination appointment letter, review the case record and most recent interview material, whether redetermination or application.

- Familiarize yourself with the case and the family situation.
- Review recent Turnaround Documents and PACES worksheets.

This case review will help you identify areas that may need special attention during the redetermination. For example:

- Does this household have earned or unearned income?
- Does a dummy SSN need to be replaced?
- Is the case entitled to a rent allowance?
- What verifications were obtained at the last appointment?

Note whether there is anything new since the last eligibility review that needs attention, such as a CIP with new information.

Send the appointment letter listing the verifications this recipient needs to bring to the interview.

Note: When setting up the appointment, try to accommodate scheduling situations you are aware of such as work, school or childcare needs.

To ensure an accurate and complete review of eligibility:

Interview

- Have all necessary forms and materials with you.
- Give the recipient Your Right to Know.
- Check that each required verification is in the case record.

**Interview
(cont.)**

Strategies to avoid error include:

- Ask questions that are open-ended, requiring more than a "yes" or "no" answer; these elicit more information.
- Follow up with additional questions when you are given inconsistent information (for example: living costs that exceed the grant plus other known income).
- Review recent changes in income. Terminating or starting a job may indicate new income, such as unemployment compensation or new earnings.
- Look for recent changes in the household; a change in family members may cause errors in the household composition.
- If the household is on Monthly Reporting, is every week accounted for since the last action? Have the correct paystubs been submitted for the correct weeks?

Complete the entire redetermination form with the recipient to be sure you cover all areas of eligibility.

- Complete other forms as needed.
- Answer any questions the recipient may have.
- Fill out and give the recipient a copy of the Verification Checklist (VC-1) if additional verifications are required.
- Is there new information on the absent parent(s)? If so, complete the CA/CS.
- Ask if there are changes in health insurance. Is there any new coverage through work, or the father of each child, or has any existing coverage terminated?

Redetermination**AFDC****Interview
(cont.)**

Other information may provide essential supports to this family. Make referrals as appropriate.

- If there are children in school, are they using the school lunch program? If there are children under age five or a pregnant woman in the household, have they applied for WIC?
- Is Direct Deposit used for assistance checks? If not, explain the program to see if the recipient wants to use it.
- Is the household taking advantage of all utility discounts available to them? If appropriate, has the family applied for Fuel Assistance through local CAP agencies or the Good Neighbor Energy Fund administered by the Salvation Army?

At the end of the interview, remind the recipient:

- of the time frame for submitting any additional verifications;
- that a notice will be sent if there are any changes in eligibility or benefit amounts; and
- to contact you within 10 days with any changes in circumstances that might affect eligibility or benefits.

Follow-Up

After completing the interview, when all verifications have been received:

- Determine if eligibility continues.
- Complete a Turnaround Document and PACES worksheet as appropriate.
 - Be sure the TD is coded with any updated information (SSN to replace dummy number, correct rental allowance code, utility code for food stamps that correctly reflects the household situation, notice of review, etc).
 - Be sure updated information concerning income and/or assets is completed on a PACES worksheet.

Redetermination AFDC

Follow-Up (cont.)

- If the case is closing, correct information will ensure the recipient receives Medicaid and food stamps, if eligible.

Reminder: If the case is closing because of earned income, be sure to submit the earnings information on a PACES Worksheet to ensure that the recipient will be covered under TMA.

- Complete the Checklist for Redetermination Processing --AFDC, confirming that all required documents have been obtained.
- Notify TPL of any changes in private health insurance coverage.
- As appropriate, contact other local office staff regarding changes.

Overview

To ensure a smooth transition toward self-sufficiency for your client, it is most important to have him or her prepared for the closing of the case by discussing the effect on the grant, child care, health insurance, housing subsidy, etc. Effective Case Management teamwork can promote the likelihood that this new beginning will become permanent and successful. The amount of preparatory teamwork is directly related to the success of your client in maintaining his or her independence.

Case Manager

Preparation

- Ensure that sufficient documentation to close the case is in the case record:
 - verification;
 - lack of verification; or
 - signed VW-1.
- Recalculate available income, using Calc Screen to determine if there is sufficient income to close case.
- Confer with specialists regarding closing.
- Discuss any problems or barriers that may hinder your client's independence.
- Review FIP, paying particular attention to health insurance and child-care issues.

Interview

- Review with your client:

ET

- The types of ET services, especially child care, that are being received, need to be continued, or need to be approved.
- Effect on component participation and services.

Child Support

- The amount of child-support payment contributed by the absent parent.
- Check the Child Support Tracking System or the Model II screen for consistency.
- Submit updated information to the Child Support Specialist for the redirection of payments.

Housing

- Discontinuation of vendor payments.
- Possible loss or change to a housing subsidy when the household income increases.
- Community resources.

Health Choices

- Will the case be MAOA'd?
- Continued medical coverage through HMO enrollment, HMO opportunities, Medicaid, insurance through employer, coverage for the interim period, CommonHealth, etc.
- Is case eligible for Transitional Medical Assistance?

- Ensure that your client understands that he or she should contact you if any difficulties arise in maintaining independence.
- Use the Transition Fact Sheets, and complete the Worksheet with pertinent phone numbers.
- Revise and update FIP.
- Review the changes that will occur due to the closing, and how it will affect all benefits.
- Issue replacement of a Cat. 2 MassHealth card during the extended MA period, if original is lost or stolen.
- Review TMA and child-care options with your client.



Follow-up

- Complete only a PSW, if the AFDC closing is due to a change in income, assets, or both. PACES will determine eligibility or ineligibility for AFDC, MA, and food stamps.
- Complete a TD, PSW, or both for all other AFDC closings (except for the three Monthly Reporting action reasons 59, 67, and 71—these are system-generated and require no action by you, the Case Manager).

Ensure that your client continues to receive, without interruption, the correct amount of food stamp benefits. *Erroneous food stamp closings occur often so it is very important to correctly code the TD (Block 51) with the appropriate Food Stamp code (4, 6, 7, or 8).* (See the Dever Coding Chart on page 3-6 of this guide.) PACES will set up an NPA food stamp case, if appropriate.

- For all closings, PACES will:
 - determine eligibility or ineligibility for MA; and
 - generate notification to your client.
- Discontinue any vendor payments. Be sure to send the VP/NFL-2 to vendor.
- Encourage your client to enroll in his or her employer's health insurance program, if this is appropriate, and in CommonHealth, so that there will be no gap in coverage.
- Find out if any family members have pre-existing medical conditions that will delay or prevent health insurance coverage.
- Make sure your client knows that you and the various specialists are there to help resolve problems that arise during the transitional period.
- Complete the ET 30-day follow-up, if case is closed due to employment.

ET Specialist

- Review child-care options, such as continuation of child-care arrangements, cost or payments, alternative settings.
- Ensure that your client understands any changes to the child-care arrangements, and what actions are required of him or her.
- Ensure that your client is aware of potential health-insurance benefits through his or her employer, as well as under CommonHealth.
- Advise your client to contact his or her Case Manager, if he or she begins to have any difficulties in maintaining independence.
- Arrange for a follow-up appointment with your client, if necessary.
- Update ET-MIS and child-care authorization, if necessary.
- Send FIP Update to Case Manager.
- Work with the Case Manager on issues that occur after closing.

Housing Specialist

- Determine impact of case closing on public or subsidized housing, if applicable.
- Make referrals to Housing Services, if available.
- Assist with housing search and subsidy applications.
- Intercede for your client with the landlord.
- Ensure that your client understands that he or she should contact the Case Manager, if housing situation changes.
- Send FIP Update to Case Manager.
- Work with the Case Manager on issues that occur after closing.

Closing a Case

AFDC

3-5




Child Support Specialist

- Ensure that support payments are redirected to your client when the case closing occurs.
- Review payment history - regular, timely, etc.
- Advise your client to contact his or her Case Manager, if any problems arise involving support payments.
- Send FIP Update to Case Manager.
- Work with the Case Manager on issues that occur after closing.

Closing a Case AFDC

Dever Coding Chart

When the AFDC closing situation requires a TD to be completed, complete the TD and enter the appropriate Food Stamp code in Block 51. This will ensure that your client, if eligible, will continue to receive the correct amount of food stamps.

Enter:	When:	PACES Generated Notice Notifies Household that:
4	<ul style="list-style-type: none"> Household is determined ineligible for NPA FS based on sufficient information; or Written statement received from client requesting food-stamp case be closed. 	Food stamps are closed.
6 	<ul style="list-style-type: none"> Despite Case Manager's attempts to obtain information, sufficient information is not available to determine continued eligibility. PACES will reclassify as an NPA case. 	<p>Food stamps will continue for one additional month at the PA FS benefit amount.</p> <p>The household must recertify within the additional month to prevent food stamps from closing.</p>
7 	<ul style="list-style-type: none"> Sufficient information is available to determine FS eligibility and household has been redetermined. PACES will reclassify as NPA and recalculate FS benefits. 	<p>NPA FS are established at the recalculated amount.</p> <p>The certification period is:</p> <ul style="list-style-type: none"> three months for cases with earnings or no income; or six months for unearned income cases.
8 	<ul style="list-style-type: none"> Sufficient information is available to determine FS eligibility but household has not been redetermined. PACES will reclassify as NPA and recalculate FS benefits. 	<p>NPA FS are established at the recalculated amount.</p> <p>The certification period is:</p> <ul style="list-style-type: none"> three months or the original certification period, whichever is shorter, for cases with earnings or no income; or six months or the original certification period, whichever is shorter, for unearned income cases.

Reopening a Case

AFDC

Overview

The apparent need to reopen a case signals a crisis in your client's life, and demands a close examination of your client's situation. Generally, a reopening indicates that something has gone wrong. It may be that child-care plans have failed, or that the closing occurred for a technical reason. Regardless of the reason for the closing and subsequent reopening, you should be examining the situation, to see whether there are factors or patterns that have interfered with your client's progress toward independence, and that good Case Management can help to change or avoid.

The need to reopen a case usually indicates that barriers to your client's efforts to achieve independence have arisen. Therefore, throughout the process, you should keep the following points in mind:

- Look at the reason for the closing, e.g., employment, and the reason for the reopening, e.g., loss of child care.
 - Working as a team, what services can you provide immediately to assist the family to regain its independence quickly, perhaps eliminating the need to reopen the case?
 - If financial assistance is necessary, what have you learned that will help you develop and implement a Family Independence Plan (FIP), more likely to achieve success?
- Ensure that immediate needs are met and that the case is accurately and promptly reopened, where necessary.
- If the closing was for a technical reason, e.g., failure to keep a redetermination appointment, examine the underlying reasons. Is there a history of missed appointments? Does this indicate a barrier to achieving independence that good planning could overcome?

Reopening a Case AFDC

Case Manager

Good communication and teamwork are essential at this critical point in your client's life.

Initial Assessment

- Do an initial assessment with your client. (Where possible, case will be assigned to the Case Manager who previously had responsibility for it.)
 - Review immediate needs of your client, and take appropriate action.
 - Focus on underlying reason for closing/reopening, e.g., loss of job, child care, child support, health.
 - Make immediate referrals to services that will quickly remove the barriers to independence; for example, if child support services can sustain family independence, ask Child Support Specialist to give your client top priority.
 - Check if the reason for the closing was receipt of lump-sum income, and if the ineligibility period has expired.
- Consult with (hold a case conference, if necessary) those specialists whose quick intervention might help to sustain family independence.

Preparation



- Give your client the *AFDC Your Right To Know* and other materials necessary for an interview. If an application or redetermination is necessary, your client must sign the CMA-1A (which is the first page of the application).
- Schedule interview.
- Review case record, particularly the FIP; reasons for reopening/closing; and relevant eligibility factors.
- Review existing information on systems screens, including whether the case is open in another category or office.

Reopening a Case AFDC

- Notify appropriate specialists of possible reopening (including reason) and interview appointment date. Collect relevant information from them.
- Collect/review information about Department and community resources relevant to your client's situation.

Interview

- Discuss underlying reasons for reopening.
- Review FIP focusing on reasons for reopening.
 - What part of the FIP broke down?
 - What does your client need to sustain or resume independence?
 - Encourage your client to use the services available from the Department.
 - Help your client update his or her FIP.
- Assess reasons for reopening in light of child support.
 - Did family breakup cause reopening?
 - Did loss of child support cause reopening?
- If the ineligibility period for receipt of lump sum income has not expired, discuss if the reasons for reopening require a recalculation.
- Complete Case Management Application and Agreement (see Chapter 1) or Redetermination as appropriate.
- Verify eligibility factors. Focus on:
 - those factors most relevant to reason for reopening, i.e., continued absence, income, child support, etc., and
 - factors that might have changed since closing, for example, living arrangement, rent allowance eligibility, and assets.

304.240

- Discuss referrals with your client.
 - Refer to specialists (with reason for reopening) and to community resources, assisting your client in arranging appointments and joining in interviews where appropriate.
 - Give your client a copy of the FIP and other relevant information and materials.
- Ensure that your client knows appointment times and verifications needed (VC-1).

Follow-up

Maintain contact with your client, relevant specialists, and other resources. Monitor and coordinate planning and delivery of services. Can your client resume independence without reopening case?

- If yes, provide information on services your client may need.
- If no, proceed as described below.

Determine eligibility and effective date.

- If there has been a recalculation for lump sum income, send the client the LS-NFL.
- If categorically eligible, complete TD (use dependent numbers that are on MMIS General Eligibility Screen) and MRW.
- If financially eligible:
 - Notify MA and NPA FS if client is receiving either or both and ensure that cases get closed.
 - System will send written notice to client.
 - Monitor referrals using copies of the FIP, and/or direct contact with client, specialists, and other resources, calling a case conference when necessary.

Reopening a Case AFDC

- If ineligible (categorical or financial)
 - Advise client of possible eligibility for GR, MA and NPA FS, if client is not already receiving one of these benefits.
 - Send applicant the Case Management Transition Worksheet and copies of the Transition Fact Sheets as appropriate.
 - System will send notice if denial is for financial reasons.
 - Send NFL-5 if denial is for any other reason.

Working Together

Prepare your client for the interviews with the Specialists. Use the Case Management Interviewing Guide (see Chapter 1) to help you and your client determine what services your client needs and is ready to accept.

ET Specialist

The ET Specialist will meet with your client and arrange for prompt delivery of services needed to sustain/regain your client's independence. If your client is not able to regain independence immediately, then the ET Specialist and your client will work together to set priorities and goals. They will:

- evaluate the relationship between the underlying reasons for reopening and the existing Employment Plan;
- review child care, transportation, health, training, job satisfaction, and pay scale issues;
- update the Employment Plan; and
- find the appropriate ET contractor for a referral.

The ET Specialist will coordinate with you and other specialists, forwarding the FIP Update and other follow-up information.

Reopening a Case AFDC

4-6

CommonHealth Representative

Unless your client is in a managed care system that meets the needs of the family, you should refer him or her to Health Choices. The CommonHealth Representative and your client will:

- assess the health needs of the family;
- assess impact of health care problems on the achievement of family independence; and
- find available providers for appropriate referrals.

The CommonHealth Representative will coordinate with you and other specialists, forwarding the FIP Update and other follow-up information.

Child Support Specialist

The Child Support Specialist will:

- contact the client at critical intervals for subsequent interviews or information.
- coordinate with you and other Specialists forwarding FIP Update and other follow-up information.

Housing Specialist

The Housing Specialist will:

- assess the impact of reopening on the housing situation by asking such questions, as:
 - Will recipient be able to maintain housing on AFDC income?
 - Is housing location an obstacle to employment?
- Refer your client to Housing Services, if appropriate.
- Coordinate with you and other specialists forwarding FIP Update and other follow-up information.

Reopening a Case AFDC

Manager

- Create an office plan to assign reopened case to Case Manager who previously served the client, whenever possible.
- Create an office plan to assure delivery of necessary services to clients, so they can sustain family independence.
- Assist staff in resolving case-specific issues related to referrals and service delivery.
- Use ARTS to identify needs of client population.

Your Department
of Public Welfare

Monthly Report Worksheet

FIG 4 LEV 131 CAN 233 CAT 2
NAME JONES MARY SSN 123456789 TYPE

- Section I
- 1 Wages
 - 2 Hours
 - 3 Wages
 - 4 Hours
 - 5 Wages
 - 6 Hours
 - 7 Self Emp
 - 8 Hours
 - 9 Renters
 - 10 Recipients
 - 11 Dividends
 - 12 Child Unemployment
 - 13 Earned / FS Only

WEEK	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000	1001	1002	1003	1004	1005	1006	1007	1008	1009	1010	1011	1012	1013	1014	1015	1016	1017	1018	1019	1020	1021	1022	1023	1024	1025	1026	1027	1028	1029	1030	1031	1032	1033	1034	1035	1036	1037	1038	1039	1040	1041	1042	1043	1044	1045	1046	1047	1048	1049	1050	1051	1052	1053	1054	1055	1056	1057	1058	1059	1060	1061	1062	1063	1064	1065	1066	1067	1068	1069	1070	1071	1072	1073	1074	1075	1076	1077	1078	1079	1080	1081	1082	1083	1084	1085	1086	1087	1088	1089	1090	1091	1092	1093	1094	1095	1096	1097	1098	1099	1100	1101	1102	1103	1104	1105	1106	1107	1108	1109	1110	1111	1112	1113	1114	1115	1116	1117	1118	1119	1120	1121	1122	1123	1124	1125	1126	1127	1128	1129	1130	1131	1132	1133	1134	1135	1136	1137	1138	1139	1140	1141	1142	1143	1144	1145	1146	1147	1148	1149	1150	1151	1152	1153	1154	1155	1156	1157	1158	1159	1160	1161	1162	1163	1164	1165	1166	1167	1168	1169	1170	1171	1172	1173	1174	1175	1176	1177	1178	1179	1180	1181	1182	1183	1184	1185	1186	1187	1188	1189	1190	1191	1192	1193	1194	1195	1196	1197	1198	1199	1200	1201	1202	1203	1204	1205	1206	1207	1208	1209	1210	1211	1212	1213	1214	1215	1216	1217	1218	1219	1220	12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Overview

This is an opportunity to build on the relationship you have begun with your client, and provide her with the information she needs to help her in deciding the direction of her life and that of her new child. Remember to start where your client is. Is she on her own? Does she need reminders to keep health appointments? Is she at home with her mother, and still in school, or high-school age, and not in school?

Case Manager

Health Choices

If your client is not already in a managed-care system, or does not have a pediatrician of choice, and an understanding of preventive health care, do the following.

- Explain Health Choices and options to her.
- Provide her with a list of MA providers.
-  Refer her for more specific services and follow-up, e.g., PGH and pediatrician referrals.



ET

- Assess your client's current employment development needs, e.g., schooling, training, and job history.
- Market ET available resources to your client, e.g., GED, child care, and transportation.
- Refer to ET Specialist, if your client is interested in participation to help her gain independence.

Child Support

- Complete CA/CS with focus on basic locator information. Attach it to the TD that adds the newborn as a dependent, so that the Data Entry Operator will be able to update the Child Support Tracking System. Forward a copy to CSEU.
- If your client does not understand the advantages of Child Support Services, market Child Support benefits to her.
 - \$50 payment over and above regular monthly AFDC grant
 - Free help from state to take case to court to obtain child support
 - Use of absent parent locator system if absent parent's whereabouts are unknown
 - Future Social Security benefits, Veterans' benefits and medical coverage for child

Housing

- Review for rent-allowance eligibility.
- Explore current living arrangement with your client. Remember that, in some cases, living with her family might be a positive arrangement, i.e., a teenager whose mother will care for her child while she returns to school.
-  Encourage your client to apply for public housing and/or available housing subsidies.
- Review need for EA (See: *Emergency Assistance/ Emergency Relief: A Case Manager's Guide*).
-  Review need for vendor payments.
- Review need for referral to the Housing Specialist, and make the referral if it is needed.

Adding a Newborn—No Other Children AFDC

Adding Newborn

Request verifications.

- Complete the NFL-18 for
 - increase in grant.
 - crib, layette, or both, if not available to them from any other source.
- Obtain the following.
 - Birth Certificate, NOB-1, or other appropriate verification of age and relationship
 - ENUM-2, or other appropriate verification of SSN or application for SSN
 - Verification of deprivation factor

303.120

303.600

303.300

Note: If no deprivation exists, close case due to ineligibility. Explain that Medicaid and food stamps may continue through MAOA and Dever, respectively.

Next Redetermination

Remember to follow-up on medical visits, housing, child support, ET, and all other referrals.

Overview

The purpose of the Food Stamp Program is to raise the nutritional level among low income households by providing them with stamps that may be used for food purchases.

Public Assistance (PA) food stamp households are those households in which all members receive a cash grant. If some members of a household, but not all, receive cash assistance, the household is called a "mixed household" and is treated as a nonpublic assistance (NPA) case. This chapter pertains to PA food stamp households. It provides some of the information you need to know about the Food Stamp Program. Refer to the Food Stamp Manual for more details.

**Household
Composition**

In most cases, your AFDC assistance unit will be one PA food stamp household. However, there are exceptions. Use the following examples to determine the composition of your PA food stamp household.

**Same Food
Stamp House-
hold**

The following describes AFDC examples in which all members must be in the same food stamp household. Refer to 106 CMR 361.200.

Individual lives alone	Pregnant woman, no other children (one assistance unit, one PA food stamp household = 1)
Spouse	Unemployed parent family with one child (one assistance unit, one PA food stamp household = 3)
Parent-Child	Single parent over 18, not disabled, with two children (one assistance unit, one PA food stamp household = 3)
Siblings	Two sisters aged 20 and 22, neither is disabled, each has two children. The sisters purchase and prepare together. (two assistance units, one PA food stamp household = 6)

Public Assistance Food Stamps

PAFS

Same Food Stamp Household

Spouse/Parent-Child

Remarried parent, his or her spouse, one common child and a child from spouse's first marriage. Neither parent is disabled. (one assistance unit, one PA food stamp household = 4)

Parental Control (providing financial support and/or supervision)

Aunt, age 42, not disabled, caring for her 15-year-old niece (one assistance unit, one PA food stamp household = 2)

Boarder

A boarder as defined in 106 CMR 361.240 (D) lives with a woman and her child. The boarder is receiving EAEDC and the woman and child are on AFDC.

A boarder by Food Stamp definition cannot be his or her own food stamp household. In this example, if the individual providing board chooses, she may include the boarder in her PA food stamp household and the boarder's income and assets will be counted.

(one AFDC assistance unit, PA food stamp household = 3)

Separate Food Stamp Household

The following AFDC examples describe situations in which some members may be a separate food stamp household from others with whom they live. The members of one household purchase and/or prepare separately from the other household.

Siblings

Two sisters ages 20 and 22, neither is disabled, each has one child.

(two assistance units, two PA food stamp households, one household = 2, one household = 2)

Public Assistance Food Stamps

PAFS

Separate Food Stamp Household (cont.)

Parental Control with Elderly-Disabled exception

Grandmother at least 60 years of age and her 16-year-old grandson
(one assistance unit, two PA food stamp households
one household = 1, one household = 1)

Parent of Minor Child

Father and two children, one child is 17 years old with a six-month-old son
(one assistance unit, one PA food stamp household = 2, one NPA food stamp household = 2). In this example, a separate NPA case must be established to meet PACES requirements.

Other Household Situation

Foster Child

Parents have one child of their own and are providing foster care to one foster child

There are two options in this example; at the discretion of the foster parents, the foster child is:

- not a food stamp household member, foster care payments not counted in PA food stamp household eligibility
(one assistance unit, one PA food stamp household = 3)
- a food stamp household member, foster care payments considered as unearned income
(one assistance unit, one NPA food stamp household = 4)

Note: The foster child may not be a separate food stamp household on his or her own.

Nonhousehold Member

In some cases, individuals residing with an AFDC assistance unit cannot be considered PA food stamp household members. Such persons are termed nonhousehold members. These individuals are not considered in determining the food stamp eligibility or benefit level. Nonhousehold members include any of the following:

Public Assistance Food Stamps

PAFS

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Nonhousehold Member (cont.)

- roomers;
- live-in attendants; or
- ineligible students.

Note: Individuals disqualified from the Food Stamp Program are also considered nonhousehold members but their income and assets are considered in determining eligibility and benefit level. Refer to 106 CMR 365.520.

Certification Periods

Recertification of food stamp eligibility and benefit level is performed during periods of time specified by the Food Stamp Program.

- Most PA households are assigned 12-month certification periods.
- PA households granted separate household status under the parent-of-minor-child rule are assigned certification periods not to exceed six months.
- The certification period expires the month following the household's next scheduled AFDC redetermination, or at the end of the 12-month certification period, whichever occurs first.
- PA households must be recertified for food stamps at the same time they are redetermined for AFDC.

Reporting Changes

Unless your recipient is on monthly reporting, there are two ways for him or her to report information on PA food stamp household changes during the certification period. The recipient may:

- complete a Food Stamp Change Report Form and mail it back to you in a postage paid envelope; or
- report to you a change in circumstances.

Public Assistance Food Stamps
PAFS

**Reporting
Changes (cont.)**

For more details on changes in the food stamp household, refer to 106 CMR 366.120.

**Utility
Allowance**

A household that incurs utility costs apart from rent or mortgage is eligible for a utility deduction when calculating net income for food stamp purposes. Utilities include any one of the following:

- heating
- cooling
- cooking
- electricity
- water
- sewerage
- garbage
- trash
- telephone tax and fees.

SUA

If the household incurs at least one of these expenses, select the appropriate standard utility allowance (SUA):

- The heating SUA is used for households that incur heating costs apart from their rent or mortgage.
- The nonheating SUA is for households that do not incur heating costs but do incur costs for at least one of the following items: cooking, electricity, water, sewerage, cooling, garbage or trash collection.
- The telephone SUA is for households that incur a telephone cost but do not incur any other utility costs.

**Prorating
SUA**

Prorate the appropriate SUA for households living together and sharing utility expenses, regardless of whether each household is receiving food stamps.

**Actual
Expenses**

Use the actual utility expenses if:

- actual utility expenses exceed the appropriate SUA;
- they will result in increased benefit levels; and
- the actual expenses are verified.

Actual utility expenses are verified at initial certification and at recertification.

If actual telephone expenses exceed the telephone SUA, the telephone SUA must be used.

**Changing
Utility
Expenses**

A household may switch between an SUA and actual utility expenses:

- at any recertification;
- at one additional time during each 12-month period; and
- when the household moves.

**Error
Alert**

When completing AFDC redeterminations, ensure that the actual circumstances reported by your recipient match the information on the PACES turnaround document and worksheet, specifically:

- the shelter, utility and child care blocks must correspond to the recipient's current arrangements; and
- if heat is currently included with your recipient's rent, do not use the heating SUA.

PA to NPA

When closing the AFDC case, remember to make a separate inquiry into the household's food stamp status. Refer to page 3-6 in this Reference Guide for further information.

Monthly Reporting Overview

7-1

The Program Automated Calculation and Eligibility System

The Program Automated Calculation and Eligibility System (PACES) determines financial eligibility and calculates grant amounts and FS benefits for all AFDC and RRP cases based on the information contained on the PACES Worksheet, PID, and TD. This information is then passed on each night to FMCS to update the recipient masterfile with new case information. It also generates notices to your clients: client notices explaining the changes in case information that may affect client eligibility, benefit amounts, or FS benefits, and reports to other Department units affected by the changes.

While all AFDC and RRP cases are on PACES, only certain cases are required to report monthly on their income and household circumstances.

Abbreviations:

MR = Monthly Report

PACES = Program Automated Calculation and Eligibility System

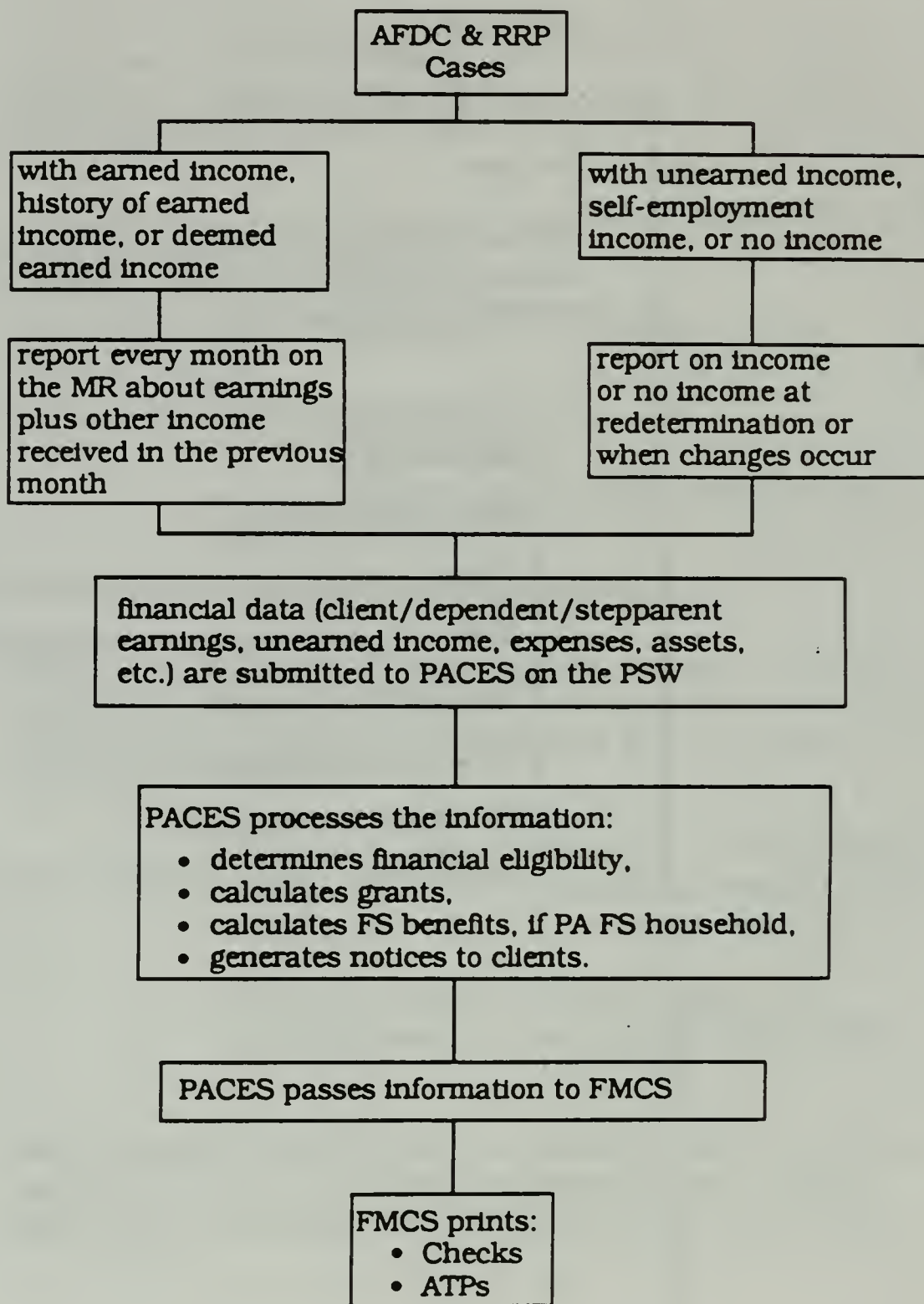
FMCS = Financial Management Control System

PSW = PACES Worksheet

TD = Turnaround Document

PID = PACES Input Document

The chart below shows how the client's financial data are reported and flow through the System to produce benefits.



What Is Monthly Reporting?

Monthly Reporting is a process whereby certain filing units must report every month on the income and family circumstances of the filing unit during the prior month. Monthly Reporting applies to AFDC and RRP filing units whose members have:

- earned income, with the exception of self-employment,
- a recent history (within the past two months), of earned income, or
- deemed income from an individual with earned income who lives with the assistance unit.

Filing units without earned income receiving public assistance only or public assistance combined with unearned income, self-employment or a combination thereof are not required to report monthly.

The Monthly Report is automatically generated by PACES to all assistance units subject to monthly reporting.

- The MR is received by your client at the same time as the first check of each month.
- The MR requests specific information on the filing unit's income in the Budget Month (previous cyclical month) as well as any other changes in the filing unit's circumstances. Verification of the income and circumstances must also be submitted.

Monthly Reporting Overview

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The MR is considered complete when the questions are completely answered and all verifications are returned.

- If the MR is not returned within the first 10 days, PACES will automatically generate a duplicate MR noting that this is the second MR, and the consequences for failing to respond.
- Your client has a total of 20 calendar days from the date of mailing the first MR to complete and return the MR to the local office. After 20 days:
 - a termination notice is sent if the MR is not returned or is returned incomplete; or
 - a diversion notice is sent if the MR was returned inadequate. (See Submitting an Incomplete or Inadequate Monthly Report.)

Monthly Reporting Guide

The following example is based on an SSN ending in 9. This guide illustrates the time frames for a recalculation of benefits for December 14th.

Budget (previous) Month
10/9 to 11/12

S	M	T	W	T	F	S
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5
6	7	8	9	10	11	12

Report (current) Month
11/14 to 12/13

S	M	T	W	T	F	S
	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13				

Payment (next) Month
12/14 to 1/13

S	M	T	W	T	F	S
			14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7
8	9	10	11	12	13	

The Monthly Report is sent in the Report Month (current month); the income is collected from the Budget Month (previous month); and is used to determine the eligibility, grant, and Food Stamps for the Payment Month (next month).

Monthly Reporting Overview

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In this example, the client must report income received during the weeks ending: 10/15, 10/22, 10/29, 11/5, and 11/12.

Note: the "week ending" periods end on a Saturday and the dates on the paystub must fall within the cyclical dates.

- 11/14 first MR is received at the same time as the first check.
- 11/23 10 days later: second MR is sent if first MR was not returned.
- 12/05 20 days later: (since the 20th day in this example falls on a Saturday, the next work day is used) if either MR has not been returned or the returned MR is incomplete or inadequate, a termination notice or divert notice is sent.
- 12/09 release date for the first check in the Payment Month: the termination or divert action is released by PACES if PSW or TD is not processed by the close of business on this day. PACES processing is completed overnight.
- 12/13 case closed effective this date; or,
- 12/14 check and FS are either:
 - issued based on income received between 10/9 and 11/12 that was submitted on the PSW; or
 - diverted for the first cycle of the Payment Month.

How PACES Determines Eligibility and Grant Amounts**Prospective
Eligibility
Determination**

To be eligible for AFDC or RRP, all cases must pass two income tests of financial eligibility. The first test (185% test) is a gross income test. The second test (the Need test) applies the allowable deductions and disregards. Both tests are performed by PACES using prospective grant calculation whenever income data are entered regardless of whether the case is subject to Monthly Reporting. The eligibility determination is based on income that is converted to a projected monthly figure by multiplying the average weekly income by 4.333.

- If the case fails one or both of these tests, PACES generates the appropriate denial or termination letter.
- If the case passes both of these tests, PACES calculates a grant for the case.

**Grant
Calculations**

PACES calculates grants and Food Stamps, if this is a PA Food Stamp (PA FS) household, either prospectively or retrospectively. The Report Code that you enter on the PSW instructs PACES how to calculate the grant and food stamps, if applicable. Report Code "E" instructs PACES to calculate the grant prospectively. Report Code "M" instructs PACES to send the MR and calculate the grant and food stamps retrospectively once the MR is received.

**Prospective
Grant
Calculation**

Prospective grant calculation is based on current income that is converted to a monthly figure. For example, the weekly income for the past four weeks is averaged and multiplied by 4.333 to arrive at a projected monthly figure. PACES uses this monthly figure to determine the assistance unit's grant amount and Food Stamps, if the household is a PA FS household.

The prospective grant calculation is used for:

- cases not required to report their income monthly (Report Code E);
- initial applications for AFDC or RRP even if the case is a Report Code M at the time of application;

How PACES Determines Eligibility and Grant Amounts

- reapplications when the case has been closed for more than 30 days even if the case is a Report Code M at the time of reopening; and
- ongoing cases that have a change in circumstances, i.e., someone in the filing unit starts to work and the case is being changed to a Report Code M case, or an increase in earnings or hours is reported other than on the MR.

PACES determines how long a grant is calculated prospectively for a new application or a reopened case that has been closed for more than 30 days. Even if the case must be a Report Code M at time of opening or reopening, the grant is generally determined prospectively for up to the first two cyclical months of eligibility. It depends on:

- the case being established on PACES with a Report Code M prior to the release date for the first cyclical check; and
- when the first MR is returned.

**Retrospective
Grant
Calculation**

A retrospective grant calculation considers income received in a prior month and reported in the current month to determine the grant amount for the next month. These three months are the Budget Month, Report Month, and Payment Month.

- The Budget Month is the cyclical month in which the income is actually received.
- The Report Month is the cyclical month in which your recipient returns the Monthly Report sent by PACES to report on family circumstances and income received in the Budget Month.
- The Payment Month is the cyclical month in which your recipient's grant is affected by the circumstances and income received in the Budget Month.


How PACES Determines Eligibility and Grant Amounts

For example:

Budget Month = October (10/9 to 11/13)

Report Month = November (11/14 to 12/13)

Payment Month = December (12/14 to 1/13).

A retrospective grant calculation considers the sum of the actual income received in the Budget Month to determine the grant amount and Food Stamps for the Payment Month, if the household is a PA FS household. There is no conversion of this amount as there is in prospective grant calculation. 

A retrospective grant calculation is used for:

- cases that must report monthly (Report Code M); and
- cases that reapply or request reinstatement of benefits within 30 days of termination or no check issuance for codes 59 (incomplete MR), 67 (missing MR), or 71 (inadequate MR).

Initial Retrospective Reporting Month (IRRM)

Once an applicant/recipient passes the two income tests of eligibility, the grant is determined retrospectively unless the case is receiving the MR for the first time.

- When the verification of income is received before the MR is sent, the grant is determined prospectively.

The first time the MR is sent to your recipient (indicated by IRRM 1 on the INFO screen), the use of prospective or retrospective grant calculation depends on the return of the MR.

- When verification of income is received before the MR is returned, the eligibility is determined prospectively but the grant will not be decreased until the MR is returned. TXN Type Code P must be entered on the PSW.
- When the verification of income is received along with the MR, the grant is determined retrospectively.

Processing a Monthly Report

How to Respond to a Returned MR

When the MR is returned by your client within 20 days, it is:

- screened by Data Entry for complete answers and accurate verifications;
- coded by Data Entry, entered into PACES; and
- sent to the:
 - Case Manager, when action is needed, file, when no action is needed, or
 - client, if a signature is missing.

Based on the code entry from the MR, a description of the activity that must be taken or was taken by PACES appears on the DCR (Daily Caseload Report). PACES automatically tracks the number of days remaining and sends notifications to clients.

An MR that is returned but not completely answered or signed, or does not have all of the verifications enclosed, will be considered incomplete or inadequate. PACES sends a correction notice to the client of the missing data or verification(s). (Refer to *Submitting Incomplete or Inadequate Monthly Report*.)

Case Manager Responsibilities

- Review the INFO screen or DCR for actions needed, comments submitted by your client indicating a need or a change, or actions being taken by PACES.
- Review MR for accurate and complete data.
- Determine if an immediate referral needs to be made to a specialist.
- Check income verifications and ensure that they reflect income received during the Budget Month. Example: A state employee's pay stub dated 8/25 is not received until 9/1; therefore it is invalid if it were submitted to cover the week ending 8/27.
- Review categorical verifications that were submitted to ensure validity and appropriateness.

Monthly Reporting

Processing a Monthly Report

7-10

- Contact your client prior to taking any action if data are inconsistent or questionable.
- Contact your client if the following issues have not been previously discussed or information needs to be updated:
 - does the date on the income verification reflect the date client received the income? Write the information received on the PSW;
 - new job: employer information, client's concerns;
 - loss of earnings;
 - child care issues: provider and cost;
 - Health Choices issues: HMO, insurance through employer;
 - income calculations, income disregards and length of disregards;
 - change in household members, family circumstances;
 - MR process: how, when, and why to complete the MR.
- Enter data on Calc screen to understand the changes to the benefits and explain the changes to your client, especially if this is the first report of earned income.
- Complete PSW or TD as required. Submitting the required documents will result in the removal of the code from the DCR.
- Check the Child Support Tracking System screen for client's progress toward independence by combining child support and earnings. Enter child support amount on PSW.
- Submit the documents to your supervisor or Data Entry for processing through PACES. PACES sends a notification letter to your client regarding benefit changes.

Follow up to Submitting PSW

PACES generates a message on the CPR (Cases Pending Report) indicating the change to benefits and tracks the number of days remaining until the action is released.

Processing a Monthly Report**Case
Manager
Responsibilities**

- Review CPR or PEND screen: how did the change calculated by PACES compare to the Calc screen change? Follow up if necessary.
- Submit a PSW if the pending data is not correct with the appropriate A/R for reentry.
- Send FIP Update to specialists when information reported is relevant to their area, especially new or terminated employment. Include the new grant amount.
- Contact your client if assistance will be terminated. Follow procedures for Closing a Case.
- Inform your client to contact you if any problems arise.

ET Specialist

The ET Specialist receives information on the new grant amounts and circumstances by talking with the Case Manager or reviewing the FIP. At that time, the ET Specialist may do one or more of the following:

- enter new data into ET-MIS;
- contact client re: child care issues, terminated income, termination of dependent's schooling;
- discuss client's plan for independence and related child care issues;
- review Employment Plan and update if necessary;
- inform client to contact you if any problems arise;
- return completed FIP Update to Case Manager.

The Case Manager may use the FIP or confer in person to advise the Health Choices Advisor, the Child Support Worker, or the Housing Specialist of the new circumstances.

Monthly Reporting

Processing a Monthly Report

7-12

Health Choices Advisor

The Health Choices Advisor may:

- discuss the client's plan for independence and related health care issues;
- review Health Choices options to determine that they are satisfactory;
- return completed FIP Update to Case Manager.

Child Support Worker

The Child Support Worker may:

- review payments from absent parent and compare with client's earnings to determine progress toward self-sufficiency;
- return completed FIP Update to Case Manager.

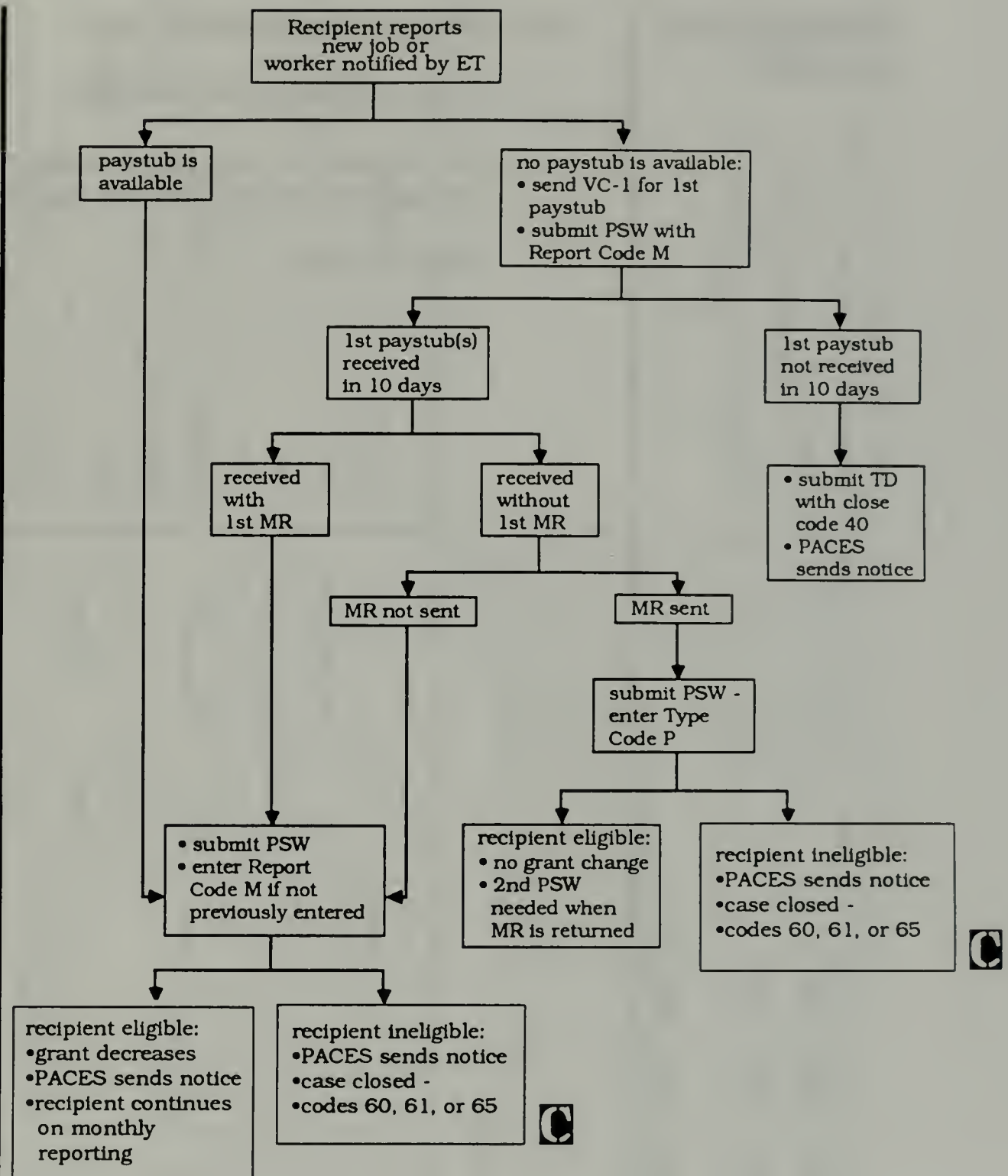
Housing Specialist

The Housing Specialist may:

- make referrals to Housing Services as appropriate;
- provide needed assistance with current or future housing; and
- return completed FIP Update to Case Manager.

Monthly Reporting Earnings Desk Guide

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Notes:

- PACES always performs two tests of eligibility when a PSW is submitted.
- Recipient is eligible for 10-day extension to VC-1 if paystub is unavailable for reasons beyond recipient's control.
- Verify MR has been sent by checking INFO screen for IRRM 1.
- PSW with Report Code P is also used for ongoing cases for a report of an increase in income and/or hours to the worker from a source other than the MR.

Monthly Reporting

Earnings Desk Guide

7-14

Initial Report of a Job

See example on the following page.

- First paystub is not available.
- For cases that were report code E, enter report code M. Include other pertinent header information.
- Sign and date.

Initial Report of a Job

7-15

PACES Worksheet

CASE NAME: Smith, Mary

CAT: 2

CASE SBN: 123

- 45 - 6789

JN TYPE:

PREPARED DATE: 05/17/91

WO: 044

WKRG: 233

PT CD: M

CHANGE DATE: / /

FIW1

1. SOC SEC/RV/OTHER		2. MED DED		2. FILING		4. VENDOR PAYMENT		5. SPEC INC TP	
AMNT	CD	AMNT	CD	UNIT		AMNT	CD	AMNT	CD
3. DEP EARNINGS/DEP CARE		6. RECOUPMENT		7. INC/KIND		8. SPENDDOWN		13. SPENDDOWN	
DEP #	CD	AMNT	CD	TOT AMNT	TYPE	AMNT	CD	AMNT	CD
9. ASSETS		10. PUB PER		11. SAME		12. DISCHARGE		13. CHANGE	
CL#	TYPE	AMNT		DIEM RT		AMNT	CD	AMNT	CD
14. NH		15. M/V/HM		16. T/I AMNT		17. FMNA		18. CON/CP	
DATES:				AMNT	CD	AMNT	CD		
19. PW/CO		20. PW/CO		21. PW/CO		22. PW/CO		23. PW/CO	

FIW3

23. NAME		DEPT/TITLE	
A			
STREET		CITY	
STATE		ZIP	
TELEPHONE		ADD TYPE	
B			
NAME		DEPT/TITLE	
STREET		CITY	
STATE		ZIP	
TELEPHONE		ADD TYPE	
C			
NAME		DEPT/TITLE	
STREET		CITY	
STATE		ZIP	
TELEPHONE		ADD TYPE	

FIW2

A		B		C		D		E		F		G		H		I		J		K		L		M	
CL#		TYPE		1		2		3		4		5		30A		41A		BE		#WKS		FSBE		RTCD	
20.																									
CL#		TYPE		1		2		3		4		5		30A		41A		BE		#WKS		PRIN			
21.																									
CL#		TYPE		1		2		3		4		5		30A		41A		BE		#WKS		PRIN		IRS D	
22.																									
CL#		TYPE		1		2		3		4		5		30A		41A		BE		#WKS		PRIN			
HOURS																									
HOURS																									
HOURS																									

Comments

Case Manager
 Supervisor
 Date 5/17/91
 Date 5/17/91

Monthly Reporting

Earnings Desk Guide

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**Paystub
Submitted
MR not sent**



See example on the following page.

Paystub(s) submitted within ten days. PACES has not sent MR. Eligibility and grant determined prospectively.

FIW1

- Enter cost of dependent care.
- Enter total Child Support received by the Department of Revenue under "Special Income Types."

FIW2

- Enter data on earnings - leave blank wages and hours blocks that have no information; do not enter zeroes.
- Sign and date.

PACES Worksheet

CASE NAME: Smith Mary

CAT: 2

CASE SN: 123 - 45 - 6789

TXN TYPE: 123 - 45 - 6789

PREPARED DATE: 05/24/91

LWO: 044

WKRO: 213

RPT CD: 213

CHANGE DATE: / /

FIW1

FIW3

1. DOC SEC/R/OTHER AMNT CD MED PREM CD		2. MED DED AMNT CD		3. FILING UNIT		4. VENDOR PAYMENT AMNT CD		5. SPEC INC TP AMNT CD	
6. RECOUPMENT TOT AMNT TYPE MO AMNT		7. INCKIND AMNT CD		8. SPENDDOWN AMNT CD		9. ASSETS TYPE CL#		10. DEP EARNINGS/DEP CARE DEP # CD AMNT #WKS	
11. SAME MW/SP		12. PUB PER DIEM MT		13. SPENDDOWN BEG END		14. MH DATES:		15. M/R/M 16. T/I AMNT 17. FMNA	
18. CON/CP		19. FN/CO		A. ADMT		B. DISCHARGE		C. CHANGE	

FIW2

20. CL# TYPE		21. CL# TYPE		22. CL# TYPE	
E1 40.00		E1 40.00		E1 40.00	
HOURS: 10		HOURS: 10		HOURS: 10	
A B C D E F G H I J K L M		A B C D E F G H I J K L M		A B C D E F G H I J K L M	
INCOME AMOUNT		INCOME AMOUNT		INCOME AMOUNT	
3 4 5		3 4 5		3 4 5	
BE 4 1/2		BE 4 1/2		BE 4 1/2	
MWKS		MWKS		MWKS	
FS BE		FS BE		FS BE	
RT CD		RT CD		RT CD	
PRIN		PRIN		PRIN	
CSC/COAL		CSC/COAL		CSC/COAL	
IRSD		IRSD		IRSD	

Comments

Case Manager 5/24/91
Supervisor Signature 5/24/91

Monthly Reporting

Earnings Desk Guide

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**Paystub
Submitted
without MR,
MR sent
but not yet
returned**



See example on the following page.

PACES has sent MR. Paystub(s) submitted before the MR is returned by client. Income is used in tests of eligibility only, no grant reduction at this time.

Note: Another PSW must be submitted with the new income information when the MR is returned.

- Complete header information including "TXN Type" P.

FIW1

- Complete pertinent information in this section.

FIW2

- Enter data on earnings – leave blank the wages and hours blocks that have no wage information, do not enter zeroes.
- Sign and date.

PACES Worksheet

CASE NAME: Smith, Mary

CAT: 2

CASE BN: 123 - 45 - 6789

JN TYPE: P

PREPARED DATE: 05/31/91

WFO: 044

WRR: 213

CHANGED DATE: / /

FIW1

1. SOC SEC/R/OTHER AMNT CD MED PREM CD		2. MED DED AMNT CD		3. FILING UNIT		4. VENDOR PAYMENT AMNT CD		5. SPEC INC TP AMNT CD	
6. RECOUPMENT TOT AMNT TYPE MO AMNT		7. INCKIND AMNT CD		8. SPENDDOWN AMNT CD		9. DEP EARNINGS/DEP CARE DEP # CD AMNT PWKS		10. ASSETS TYPE CL#	
11. SAME NH/SP		12. PUB PER DIEM RT		13. SPENDDOWN BEG END		14. NH DATES:		15. M/R/PM	
16. T/AMNT		17. FMNA		18. CON/CP		19. PWCO		20. PWKS	

FIW3

23. NAME A		DEPT/TITLE	
STREET		STATE ZIP	
TELEPHONE		ADD TYPE	
NAME B		DEPT/TITLE	
STREET		STATE ZIP	
TELEPHONE		ADD TYPE	
NAME C		DEPT/TITLE	
STREET		STATE ZIP	
TELEPHONE		ADD TYPE	

FIW2

A B C D E F G H I J K L M	
20. CL# TYPE 1 2 3 4 5 30/A 4 1/4 BE PWKS FS BE RT CD	
21. CL# TYPE 1 2 3 4 5 30/A 4 1/4 BE PWKS PRIN	
22. CL# TYPE 1 2 3 4 5 30/A 4 1/4 BE PWKS PRIN	

Comments

Worker Signature: *Cathy Manager* Date: 5/31/91

Supervisor Signature: *Superior* Date: 5/31/91

Monthly Reporting

Earnings Desk Guide

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**Paystub
Submitted
with 1st MR**



See example on the following page.

PACES has sent MR. Paystub(s) submitted with first MR. Eligibility determined prospectively and grant determined retrospectively.

- Complete header information.

FTW1

- Complete dependent care information and other pertinent information.

FTW2

- Enter data on all earnings received during the budget month.
- Sign and date.

PACES Worksheet

CASE NAME: Smith Mary

CAT: 2 CASE BSN: 123 - 45 - 6789

PREPARED DATE: 06/07/91 W.O. 044 WKRe: 213 RPT CD: FIW3

CHANGE DATE:

FIW1

1. SOC SEC/RR/OTHER		2. MED DED		3. FILING		4. VENDOR PAYMENT		5. SPEC INC TP	
AMNT	CD	AMNT	CD	UNIT	CD	AMNT	CD	AMNT	CD
6. RECOUPMENT		7. INC/KIND		8. SPENDDOWN		9. DEPT EARNINGS/DEP CARE		10. ASSETS	
TOT AMNT	TYPE	AMNT	CD	AMNT	CD	AMNT	CD	TYPE	CL#
11. SAME		12. PUB PER		13. SPENDDOWN		14. NH		15. M/TH/HH	
MM/YY	END	DIEM RT	BEG	BEG	END	DATES:	AMNT	CD	16. T1 AMNT
									17. FMNA
18. CON/CP		19. FH/CO		20. DISCHARGE		21. CHANGE		22. FMNA	

FIW3

23. NAME		DEPT/TITLE	
A			
STREET		STATE ZIP	
TELEPHONE		ADD TYPE	
B			
STREET		STATE ZIP	
TELEPHONE		ADD TYPE	
C			
STREET		STATE ZIP	
TELEPHONE		ADD TYPE	

FIW2

A		B		C		D		E		F		G		H		I		J		K		L		M	
CL#		TYPE		INCOME AMOUNT		INCOME AMOUNT		INCOME AMOUNT		INCOME AMOUNT		INCOME AMOUNT		INCOME AMOUNT		INCOME AMOUNT		INCOME AMOUNT		INCOME AMOUNT		INCOME AMOUNT		INCOME AMOUNT	
20.																									
21.		E1		40 00		100 00		100 00		100 00		100 00		100 00		100 00		100 00		100 00		100 00		100 00	
HOURS		10		20		20		20		20		20		20		20		20		20		20		20	
22.																									
HOURS																									

Comments

Case Manager 6/7/91

Supervisor 6/7/91

Submitting an Incomplete or Inadequate Monthly Report**Overview****302.950**

An incomplete Monthly Report (MR) is one that cannot be processed because your client did not return the MR within 20 days, or did not answer a question or provide verification regarding earned income.

An inadequate Monthly Report (MR) is one that cannot be processed because your client did not answer a question about unearned income, assets, dependents, or forgot to sign the form.

Submission of an incomplete or inadequate MR is often unintentional and can be avoided in the future when you discuss the matter with the client. The efforts you make the first time your client does not return the MR or does not send back a complete MR may prevent your client from losing benefits and may also prevent future incidents.

- Determine if your client fully understands how to complete the MR, especially for pay weeks that do not coincide with the report weeks, or if there are barriers preventing him or her from submitting the MR timely.
- Stress the importance of early completion of the report.

Failure of your client to correct an incomplete or inadequate MR will result in the closing of the case based on administrative issues and not due to the independence and self-sufficiency of your client. Most cases that close for these reasons are immediately reinstated. By contacting your client before the actual closing you may prevent:

- a family crisis;
- interruption in benefits; and
- additional work.

Submitting an Incomplete or Inadequate Monthly Report**Incomplete/
Inadequate
MR is
Submitted**

PACES automatically:

- sends a second MR to your client after 10 days if the MR is not returned. A message about the mailing of the second MR will appear on the DCR (Daily Case-load Report) as well as on the second MR.
- sends a correction notice to your client that data or verifications are missing. A message about the correction notice will appear on the DCR. A divert notice is sent if the MR is not corrected within 20 days of the initial mailing; a message referring to the divert notice appears for one day on the DCR. The check and possibly the FS will be diverted for the first cycle of the following month.
- sends a termination notice if the MR is not returned or is returned incomplete within 20 days; a message will appear on the CPR (Cases Pending Report). Assistance will be terminated for the first cycle of the following month.

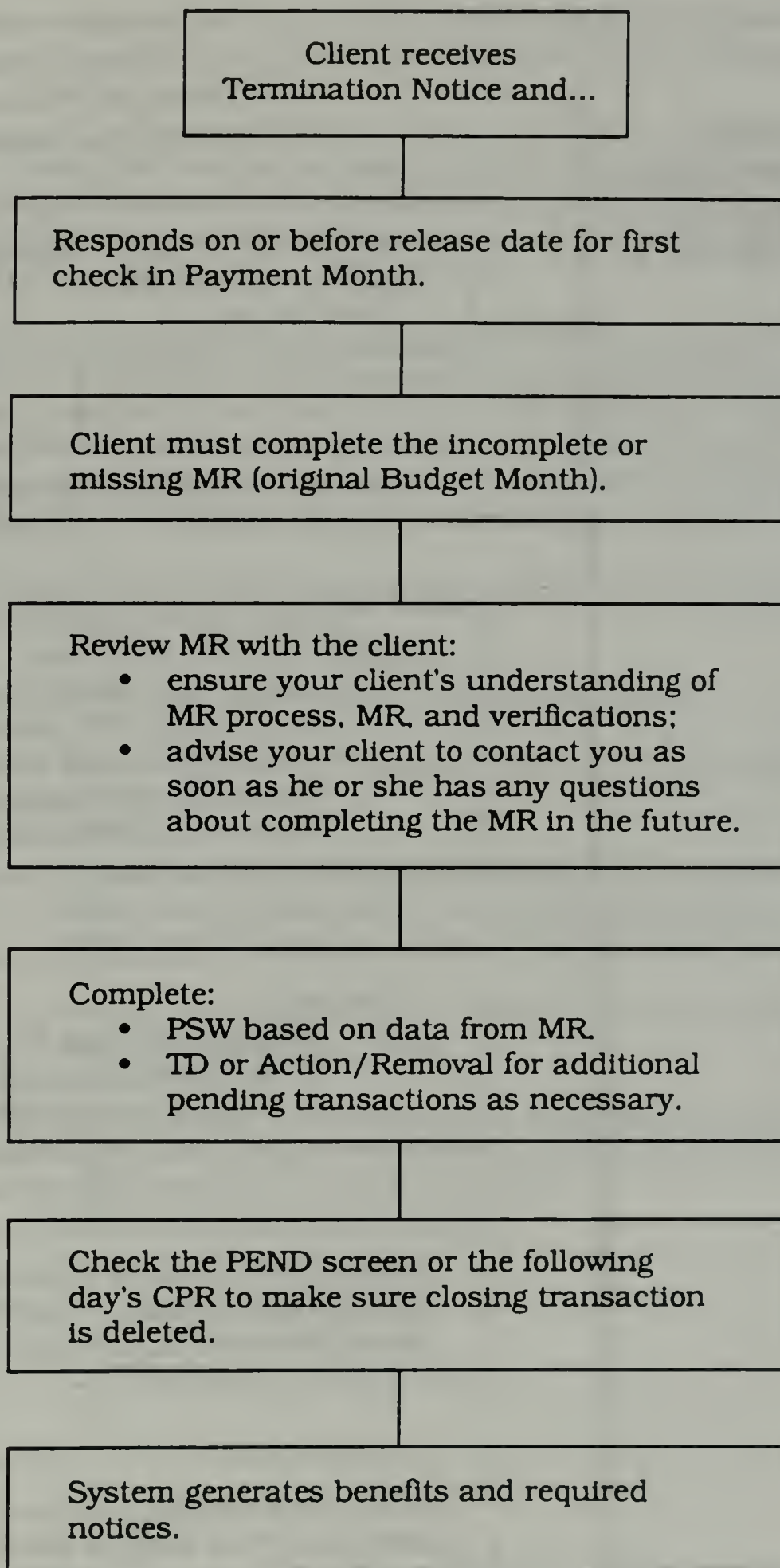
Submitting an Incomplete or Inadequate Monthly Report**Case
Manager
Responsibilities**

- Review MR, DCR, CPR or INFO screen.
- Call your client when data are missing or the second MR is sent as a follow-up to the systems-generated notice.
- Explain the importance of filing a completed MR (all questions answered and all verifications submitted).
- Remind your client about time limits for returning a complete MR and potential loss of or delay in receipt of benefits.
- Assist in completing the MR or obtaining the data if needed.
- Submit the MR to the screener for coding when your client returns it and PACES is tracking it as missing.
- Review CPR or PEND screen for release dates.
- Complete PSW and TD as appropriate, if data are received before release date. Submission of the appropriate document or documents will stop the action and delete the message from the DCR. No additional action is necessary by you if your client fails to submit a complete MR.
- Complete FIP Update and alert specialists if assistance is terminated or when information reported is relevant to their area.

Submitting an Incomplete or Inadequate Monthly Report

Incomplete Report

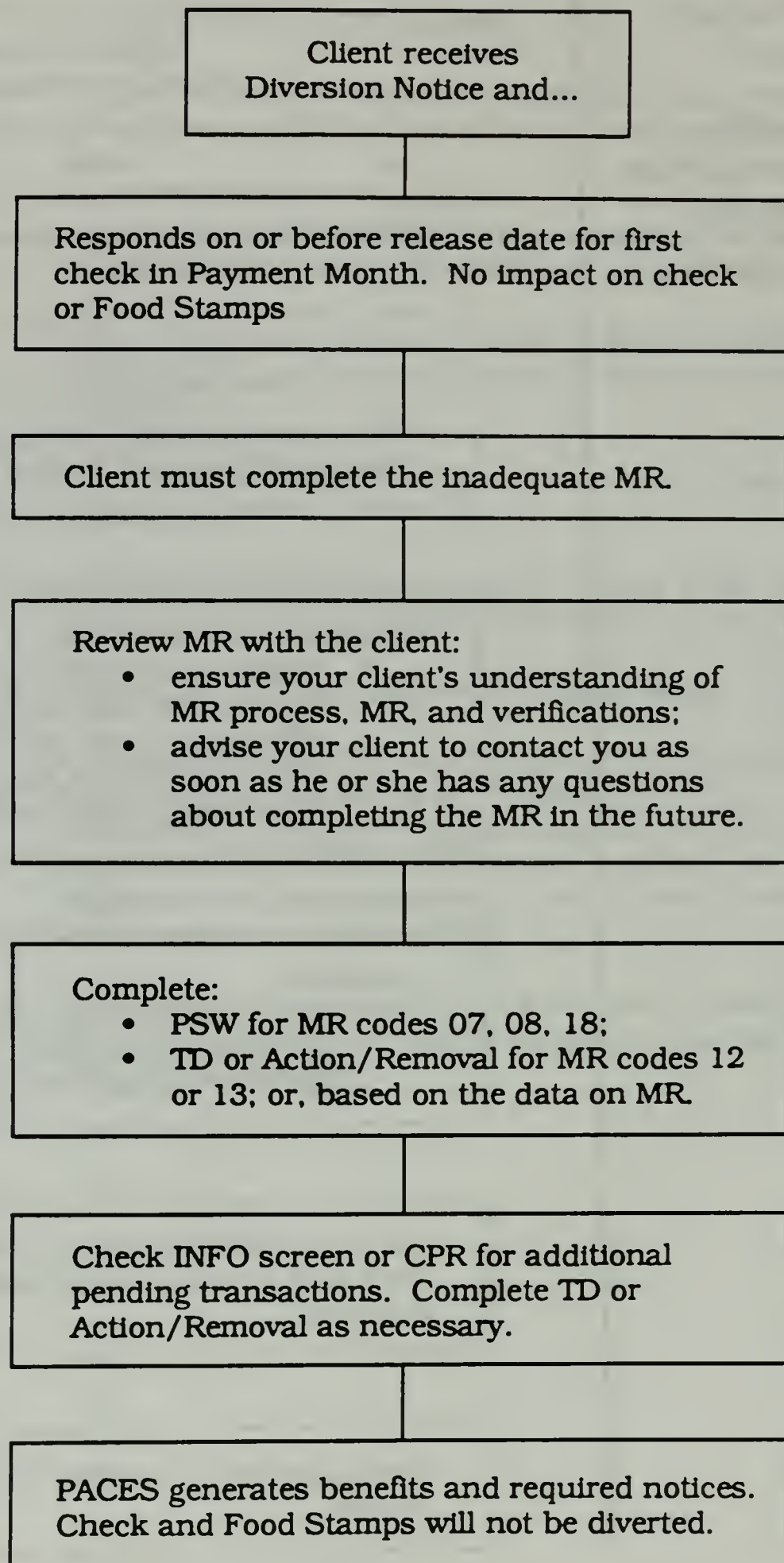
Monthly Report Codes 07 or 08



Submitting an Incomplete or Inadequate Monthly Report

Inadequate Report

Monthly
Report Codes
07, 08, 12,
13, 18, or 21



Reinstatement - Incomplete or Missing Report**Overview****302.950****302.960**

*Case Closed Due to an Incomplete or Missing Report
Code 59 - Incomplete Report, Code 67- Missing Report*

A case that has been terminated because of an incomplete or missing MR may be reinstated retroactive to the date of closing when your client contacts you, completes two Monthly Reports before 30 days have expired, and is determined to be eligible for AFDC or RRP.

When a client files the completed MR after the release date for the first check in the Payment Month (termination has been processed) but before 30 days have expired, an eligible case is to be reinstated retroactive to the date of closing. *The process of reinstating the case begins when the original MR and a blank MR for the following month are complete.*

During the interview with your client determine why the MR was missing or incomplete.

- Does your client have a Good Cause claim?
- What steps can be taken to prevent this from occurring in the future?
- Does your client fully understand the MR processing times, the Monthly Report questions, the verifications needed, and the reason for submitting the MR?
- Advise your client to contact you if any questions on the MR arise in the future.

Although your client will have benefits reinstated for the entire period, the delay in receiving the reinstated benefits may impact the functioning of the family.

Reinstatement - Incomplete or Missing Report

How to Reinstate Benefits

The steps outlined below explain how to reinstate benefits when your client contacts you after the release date for the first check in the Payment Month but before the case has been terminated for 30 days. *Two MRs must be completed by your client* before initiating any action to reinstate benefits:

- *one for last month* when the MR was not returned complete. The MR will be used to determine the amount at which the case will be reopened;
- *the second MR* (use a blank MR) *will be used to determine next month's benefits*. The blank MR is a substitute for the MR that the system did not send because the case was terminated. Refer to the Monthly Reporting Cycle Schedule to identify the week ending dates for the blank MR.

To reinstate benefits, you must complete a TD and a PSW to reopen the case effective the day after the closing. The second PSW is submitted the following day to determine the next month's benefits.

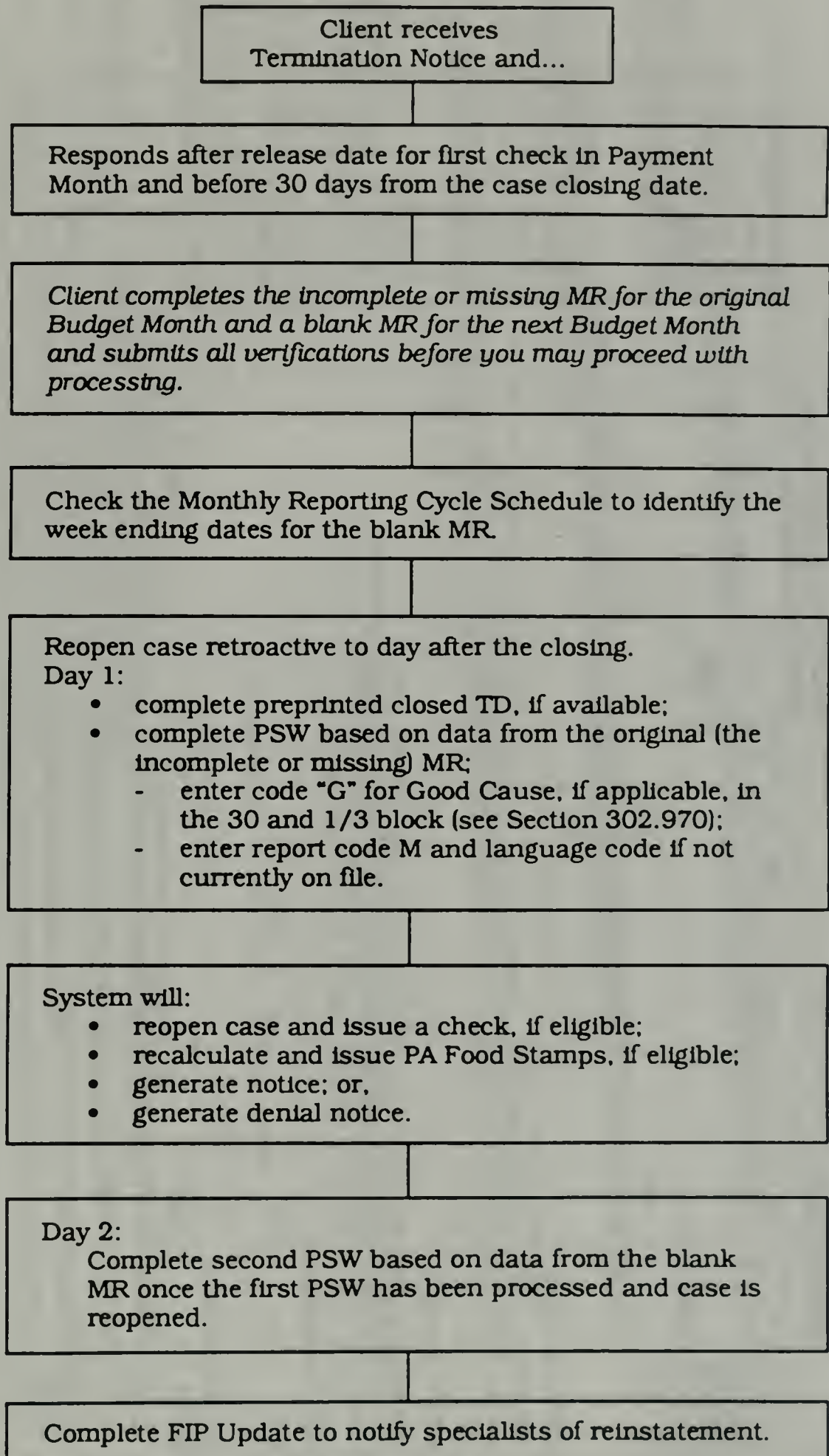
If your client contacts you after the case has been closed for 30 days, he or she must reapply for assistance by completing the Case Management Application and Agreement (see section on Reopening a Case).

The following chart describes what actions need to be taken, if your client contacts you after the release date for the first check in the Payment Month.

Reinstatement - Incomplete or Missing Report

Reinstatement:

Code 59 or 67



Your Department of Public Welfare

PACES Turnaround Document

SECTION I: HEADER INFO				SECTION II: CASE NAME / ADDRESS			
PREPARED MM DO YY	REG	CAT	SOCIAL SECURITY NO	CASE NAME	ADDRESS	CITY	STATE
05/17/91	4	131	123456789	JONES MARY	10 MAIN ST	HAVERHILL	MA
NAME OF CHILD (CIRCLE ONE)				NAME OF ADULT (CIRCLE ONE)			
A - NEW CASE				D - ADDRESS CHANGE			
WORKER NO				CASE NO			
253				01830			



SECTION III: CASE PROFILE

TYPE OF ENTRY (CIRCLE ONE)	ST	START/END	ACTION REASON	GROUP CODE	LAND	REVIEW	DATE	REASON
B - NEW CASE	4	05/13/91	67	1P	1	01/01/91	241	A
C - CHANGES	2	05/14/91	07	1P	1	/	/	A

SECTION IV: FOOD STAMPS

TYPE OF ENTRY (CIRCLE ONE)	ST	START/END	ACTION REASON	SHelter	UTILITIES	WCD	DATE	REASON
B - NEW CASE	4	05/13/91	67	250.00	281.00	2	03/14/91	05/13/91
C - CHANGES	2	05/14/91	07	250.00	281.00	2	05/14/91	05/13/92

SECTION V: ADDITIONAL ENTITIES

TYPE OF ENTRY	AMOUNT	DATE OF PAYMENT	NEW	REG	LWO	SOCIAL SECURITY NO CHANGE
1		/ /				-

SECTION VI: CLIENT PROFILE

CL NO	LAST	FIRST	DATE OF BIRTH	SOCIAL SECURITY NO	DATE OF ENTRY	DATE OF BIRTH	DATE OF ENTRY
00	JONES	MARY	10/31/58	123-45-6789	10/31/58	10/31/58	10/31/58
01	JONES	WILLIAM	06/17/82	876-34-3210	06/17/82	06/17/82	06/17/82
02	JONES	ROBERTA	09/18/83	876-54-3211	09/18/83	09/18/83	09/18/83

SECTION VII: REFUGEE

CL NO	DATE OF ENTRY	DATE OF BIRTH	DATE OF ENTRY
1	/ /	/ /	/ /
2	/ /	/ /	/ /
3	/ /	/ /	/ /

SECTION VIII: REMARKS

Reinstate benefits

Case Manager: *Caye Manager* 5/17/91

Supervisor: *Supervisor* 5/17/91

Reinstatement - Incomplete or Missing Report

Reinstatement:
Code 59 or 67
Day one



See example on the following page.

This PSW displays data from the original MR and determines benefits for May. (MR sent in April for March's earnings.)

- Complete the header information.
- Enter pertinent information in the FIW1 and FIW2 sections.
- A "G" may be entered in the 30 $\frac{1}{3}$ block if your client has Good Cause for not submitting the complete MR on time.
- Sign and date.

PACES Worksheet

CASE NAME: JONES Mary

CAT: 2

CASESN: 123 - 45 - 6789

TXN TYPE: 6789

PREPARED DATE: 05 / 17 / 91

LWO: 430 WRS: 233 PT CD: FIW3

CHANGE DATE:

FIW1

1. SOC SEC/R/OTHER AMNT CD MED PREM CD		2. MED DED AMNT CD		3. FILING UNIT		4. VENDOR PAYMENT AMNT CD		5. SPEC INC TP AMNT CD	
6. REC/RECOUPMENT TOT AMNT TYPE MO AMNT		7. INC/KIND AMNT CD		8. SPENDDOWN AMNT CD		9. ADMT AMNT CD		10. DISCHARGE AMNT CD	
11. SAME MW/SP		12. PUB PER DIEM RT		13. SPENDDOWN BEG END		14. MH DATES:		15. MW/WH 16. CON/CP	
17. FMNA AMNT CD		18. MW/CO		19. ASSETS TYPE AMNT		20. DEP EARNINGS/DEP CARE DEP # CD AMNT #WKS		21. ADMT AMNT CD	

FIW3

22. NAME A		DEPT/TITLE	
STREET		CITY	
TELEPHONE		STATE ZIP	
ADD TYPE			
23. NAME B		DEPT/TITLE	
STREET		CITY	
TELEPHONE		STATE ZIP	
ADD TYPE			
24. NAME C		DEPT/TITLE	
STREET		CITY	
TELEPHONE		STATE ZIP	
ADD TYPE			

FIW2

20. CL# TYPE		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31		32		33		34		35		36		37		38		39		40		41		42		43		44		45		46		47		48		49		50		51		52		53		54		55		56		57		58		59		60		61		62		63		64		65		66		67		68		69		70		71		72		73		74		75		76		77		78		79		80		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98		99		100	
21. CL# TYPE		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31		32		33		34		35		36		37		38		39		40		41		42		43		44		45		46		47		48		49		50		51		52		53		54		55		56		57		58		59		60		61		62		63		64		65		66		67		68		69		70		71		72		73		74		75		76		77		78		79		80		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98		99		100	
22. CL# TYPE		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31		32		33		34		35		36		37		38		39		40		41		42		43		44		45		46		47		48		49		50		51		52		53		54		55		56		57		58		59		60		61		62		63		64		65		66		67		68		69		70		71		72		73		74		75		76		77		78		79		80		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98		99		100	

Comments

Case Manager Case Manager Date 5/17/91

Supervisor Supervisor Date 5/17/91

Reinstatement - Incomplete or Missing Report

Reinstatement:
Code 59 or 67
Day two



See example on the following page.

This PSW displays data from the blank MR that reflects circumstances from April and determines benefits for May.

- Complete the header information.
- Enter appropriate information in the FIW1 and FIW2 sections.
- Sign and date.

PACES Worksheet

CASE NAME: Jones Mary CAT: 2 CASE SN: 123 - 45 - 6789 PREPARED DATE: 05/20/91 WO: 430 WKRR: 233 RPT CD: FIW3 CHANGE DATE: / /

FIW1

1. SOC SEC/R/O/OTHER		2. MED DED		3. FILING		4. VENDOR PAYMENT		5. SPEC INC TP	
AMNT	CD	AMNT	CD	UNIT	AMNT	CD	AMNT	CD	
6. REC/QUIPMENT		7. INC/KIND		8. SPENDDOWN		9. INC/KIND		10. SPENDDOWN	
TOT AMNT	TYPE	NO AMNT	AMNT	CD	AMNT	CD	AMNT	CD	
11. SAME		12. PUB PER		13. SPENDDOWN		14. DISCHARGE		15. C. CHANGE	
MM/SP	DIEM RT	BEG	END	A. ADMT	B. ADMT	C. ADMT	D. ADMT	E. ADMT	
16. MM		17. FMNA		18. T/1 AMNT		19. FMNA		20. FMNA	
DATES:	AMNT	CD	AMNT	CD	AMNT	CD	AMNT	CD	
19. ASSETS		20. ASSETS		21. ASSETS		22. ASSETS		23. ASSETS	
TYPE	CLF	TYPE	CLF	TYPE	CLF	TYPE	CLF	TYPE	CLF
9. DEP EARNINGS/DEP CARE		10. DEP EARNINGS/DEP CARE		11. DEP EARNINGS/DEP CARE		12. DEP EARNINGS/DEP CARE		13. DEP EARNINGS/DEP CARE	
DEP #	CD	AMNT	FWKS	DEP #	CD	AMNT	FWKS	DEP #	CD
01	C	20	4	02	C	20	4	03	C
02	C	20	4	04	C	20	4		
03	C	20	4						
04	C	20	4						

FIW2

20. CLF TYPE		21. CLF TYPE		22. CLF TYPE	
1	2	1	2	1	2
23. CLF TYPE		24. CLF TYPE		25. CLF TYPE	
1	2	1	2	1	2
26. CLF TYPE		27. CLF TYPE		28. CLF TYPE	
1	2	1	2	1	2
29. CLF TYPE		30. CLF TYPE		31. CLF TYPE	
1	2	1	2	1	2
32. CLF TYPE		33. CLF TYPE		34. CLF TYPE	
1	2	1	2	1	2
35. CLF TYPE		36. CLF TYPE		37. CLF TYPE	
1	2	1	2	1	2
38. CLF TYPE		39. CLF TYPE		40. CLF TYPE	
1	2	1	2	1	2
41. CLF TYPE		42. CLF TYPE		43. CLF TYPE	
1	2	1	2	1	2
44. CLF TYPE		45. CLF TYPE		46. CLF TYPE	
1	2	1	2	1	2
47. CLF TYPE		48. CLF TYPE		49. CLF TYPE	
1	2	1	2	1	2
50. CLF TYPE		51. CLF TYPE		52. CLF TYPE	
1	2	1	2	1	2
53. CLF TYPE		54. CLF TYPE		55. CLF TYPE	
1	2	1	2	1	2
56. CLF TYPE		57. CLF TYPE		58. CLF TYPE	
1	2	1	2	1	2
59. CLF TYPE		60. CLF TYPE		61. CLF TYPE	
1	2	1	2	1	2
62. CLF TYPE		63. CLF TYPE		64. CLF TYPE	
1	2	1	2	1	2
65. CLF TYPE		66. CLF TYPE		67. CLF TYPE	
1	2	1	2	1	2
68. CLF TYPE		69. CLF TYPE		70. CLF TYPE	
1	2	1	2	1	2
71. CLF TYPE		72. CLF TYPE		73. CLF TYPE	
1	2	1	2	1	2
74. CLF TYPE		75. CLF TYPE		76. CLF TYPE	
1	2	1	2	1	2
77. CLF TYPE		78. CLF TYPE		79. CLF TYPE	
1	2	1	2	1	2
80. CLF TYPE		81. CLF TYPE		82. CLF TYPE	
1	2	1	2	1	2
83. CLF TYPE		84. CLF TYPE		85. CLF TYPE	
1	2	1	2	1	2
86. CLF TYPE		87. CLF TYPE		88. CLF TYPE	
1	2	1	2	1	2
89. CLF TYPE		90. CLF TYPE		91. CLF TYPE	
1	2	1	2	1	2
92. CLF TYPE		93. CLF TYPE		94. CLF TYPE	
1	2	1	2	1	2
95. CLF TYPE		96. CLF TYPE		97. CLF TYPE	
1	2	1	2	1	2
98. CLF TYPE		99. CLF TYPE		100. CLF TYPE	
1	2	1	2	1	2

Comments

Case Manager
Date: 5/20/91

Supervisor
Date: 5/20/91

Reinstatement - An Inadequate Report**Overview****302.960***Diverted Benefits or Closed Case*

When your client does not correct an inadequate MR before the release date for the first check of the Payment Month, the benefits are diverted. This means no check for the first cycle and possibly no Food Stamps, but MA continues. If your client does not correct the MR by the release date for the second check of the Payment Month, the case is closed by the system.

During the interview determine why the MR was not returned complete.

- What actions can prevent this from recurring?
- Does your client fully understand the MR processing times, the Monthly Report questions, the verifications needed, and the reason for submitting the MR?
- Advise your client to contact you if any questions about the MR arise in the future.

Although your client will have benefits reinstated for the entire period, the delay in receiving the reinstated benefits may impact the functioning of the family.

Reinstatement - An Inadequate Report**How to
Reinstate
Benefits**

The steps outlined below explain how to reinstate benefits. *Your client must complete two Monthly Reports:*

- *one for last month* when the MR was not returned complete. The MR is used to determine the amount at which the case will be reopened or reinstated.
- *the second MR* (use a blank MR) is used to determine *next month's benefits*. The blank MR is a substitute for the MR that the system did not send because the check was diverted (not issued). Refer to Monthly Reporting Cycle Schedule to identify the week ending dates for the blank MR.

If your client contacts you after the case has been closed for 30 days, he or she must reapply for assistance by completing the Case Management Application and Agreement (see section on *Reopening a Case*).

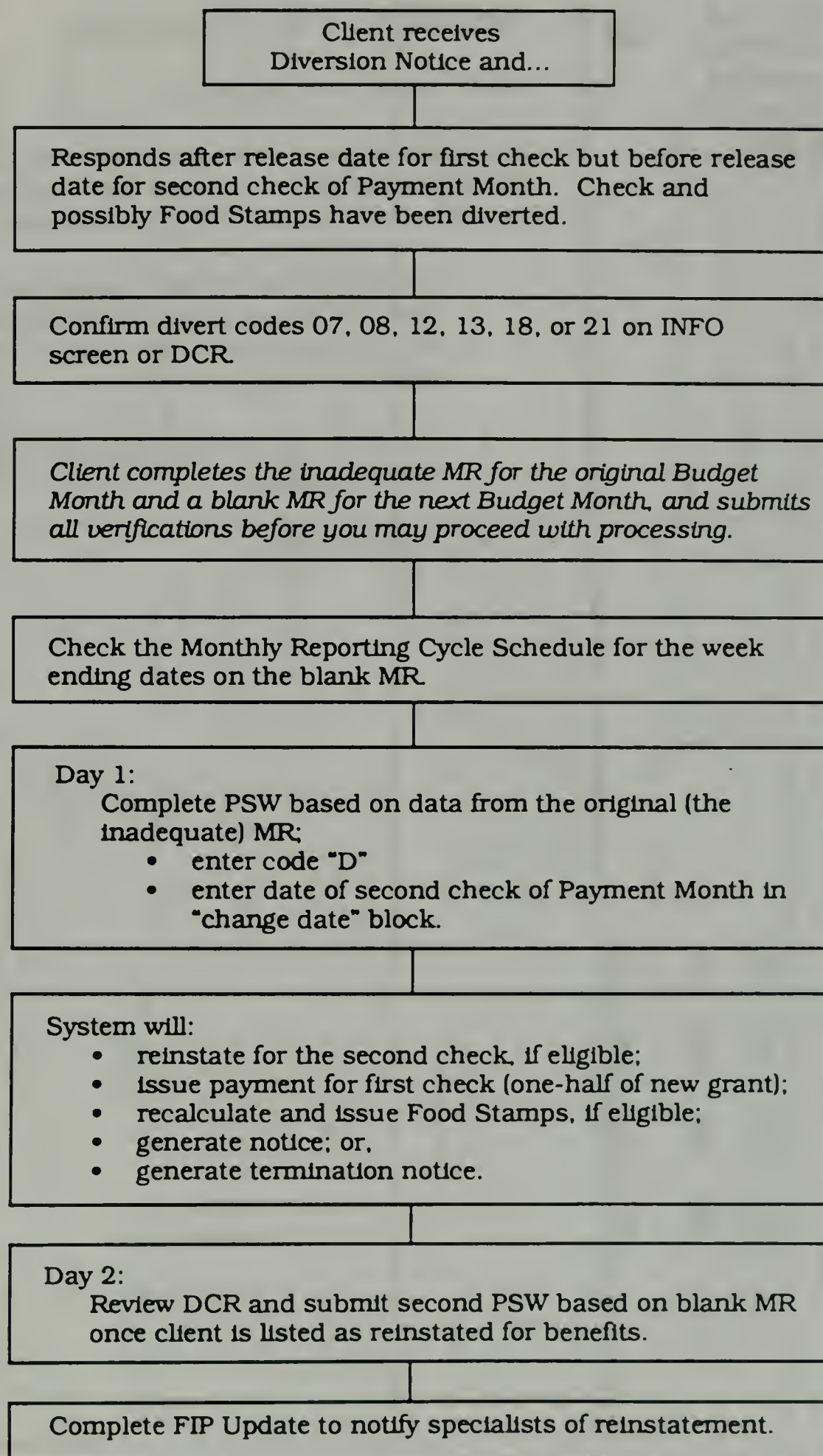
The following two charts describe the actions to perform if your client contacts you before or after the release date for the second check of the Payment Month.

Chart 1: When your client contacts you after the release date for the first check but before the release date for the second check, the check and possibly the Food Stamps have been diverted. At this point the case is still active. Two MRs must be completed by your client before initiating any action to reinstate benefits. To reinstate benefits, you must complete two PSWs and submit the second PSW the day after the first PSW has been processed.

Chart 2: When your client contacts you after the release date for the second check, the case has been terminated in addition to the diverted benefits for the first check. Two MRs must be completed by your client before initiating any action to reopen the case and issue the diverted benefits. To reopen the case and reinstate benefits you must complete a PSW and TD on one day; and a second PSW and TD the day after the first PSW has been processed. The second TD is used to issue the Q payment for benefits not received for the first cycle and 07 in block 60 for Food Stamp benefits if the FS were also diverted.

Reinstatement - An Inadequate Report

Chart 1

How to
Undivert
Benefits

Reinstatement - An Inadequate Report

**Day one
Undivert
Benefits
Case still
active**



See example on the following page.

Enter data from original MR.

In this example, the original MR was sent in April for March's earnings. This day one PSW issues the diverted check and FS the client did not receive in May.

- Complete header information including "Txn Type" D and a "Change Date" for the second cycle benefit date using the PACES Case Closing and Reduction Schedule, Appendix E.
- Complete pertinent information in the FIW1 and FIW2 sections.
- Sign and date.

PACES Worksheet

CASE NAME: Bellow Lucy CAT: 2 CASE SN: 123 - 45 - 6789 IN TYPE: D PREPARED DATE: 05/15/91 WO: 044 WKRF: 233 RPT CD: 05/29/91 CHANGE DATE:

FIW1

1. SOC SEC/RR/OTHER AMNT CD MED PREM CD		2. MED DED AMNT CD		3. FILING UNIT		4. VENDOR PAYMENT AMNT CD		5. SPEC INC TP AMNT CD	
6. DEP EARNINGS/DEP CARE DEP # CD AMNT PWKS		7. INC/KIND AMNT CD		8. RECOUPMENT TOT AMNT TYPE MO AMNT		9. SPENDDOWN AMNT CD		10. ASSETS TYPE AMNT	
11. SAME NU/SP		12. PUB PER DIEM RT		13. SPENDDOWN BEG END		14. DISCHARGE C. CHANGE		15. FMNA AMNT	
16. MH DATES:		17. AMNT		18. CON/CP		19. PW/CO		20. PW/CO	

FIW3

23. NAME A		DEPT/TITLE	
STREET		CITY	
TELEPHONE		STATE ZIP	
ADD TYPE			
B		DEPT/TITLE	
STREET		CITY	
TELEPHONE		STATE ZIP	
ADD TYPE			
C		DEPT/TITLE	
STREET		CITY	
TELEPHONE		STATE ZIP	
ADD TYPE			

FIW2

A B C D E F G H I J K L M	
20. CL# TYPE	
21. CL# TYPE	
22. CL# TYPE	

Comments

Case Manager
Supervisor
Date: 5/15/91
Date: 5/15/91

Reinstatement - An Inadequate Report

**Day two
Undivert
Benefits
Case still
active**



See example on the following page.

Data from the blank MR reflect circumstances during April. A blank MR substitutes for the MR PACES did not send because the first check in May was diverted. Data on this PSW determine benefits for June.

- Enter header information.
- Enter pertinent data in the FIW1 and FIW2 sections
- Sign and date

PACES Worksheet

CASE NAME: Below Lucy CAT: 2 CASE SSN: 123 - 45 - 6789 IN TYPE: FIW1 PREPARED DATE: 05/16/91 IWO: 044 WRS: 233 REPORT CD: FIW3 CHANGED DATE: / /

FIW1

1. SOC SEC/RR/OTHER AMNT CD MED PREM CD		2. MED DED AMNT CD		3. FILING UNIT		4. VENDOR PAYMENT AMNT CD		5. SPEC INC TP AMNT CD	
6. RECUPMENT TOT AMNT TYPE MO AMNT		7. INCKIND AMNT CD		8. SPENDDOWN AMNT CD		9. DISCHARGE C. CHANGE		10. FMNA	
11. SAME NM/SP		12. PUB PER DIEM RT		13. SPENDDOWN BEG END		14. NM DATES:		15. M/W/HM	
16. P/UCO		17. FMNA		18. CON/CP		19. P/UCO		20. P/UCO	

FIW2

A	B	C	D	E	F	G	H	I	J	K	L	M
CL#	TYPE	1	2	3	4	5	30/4	4 1/2	BE	FWKS	F3BE	RTCD
20.												
CL#	TYPE	1	2	3	4	5	30/4	4 1/2	BE	FWKS	PRIN	
21.	E1	40	00	40	00	80	00	80	00	20	20	
HOURS: 10 20 20 20												
CL#	TYPE	1	2	3	4	5	30/4	4 1/2	BE	FWKS	PRIN	IRSD
22.												
HOURS: 10 20 20 20												

Comments

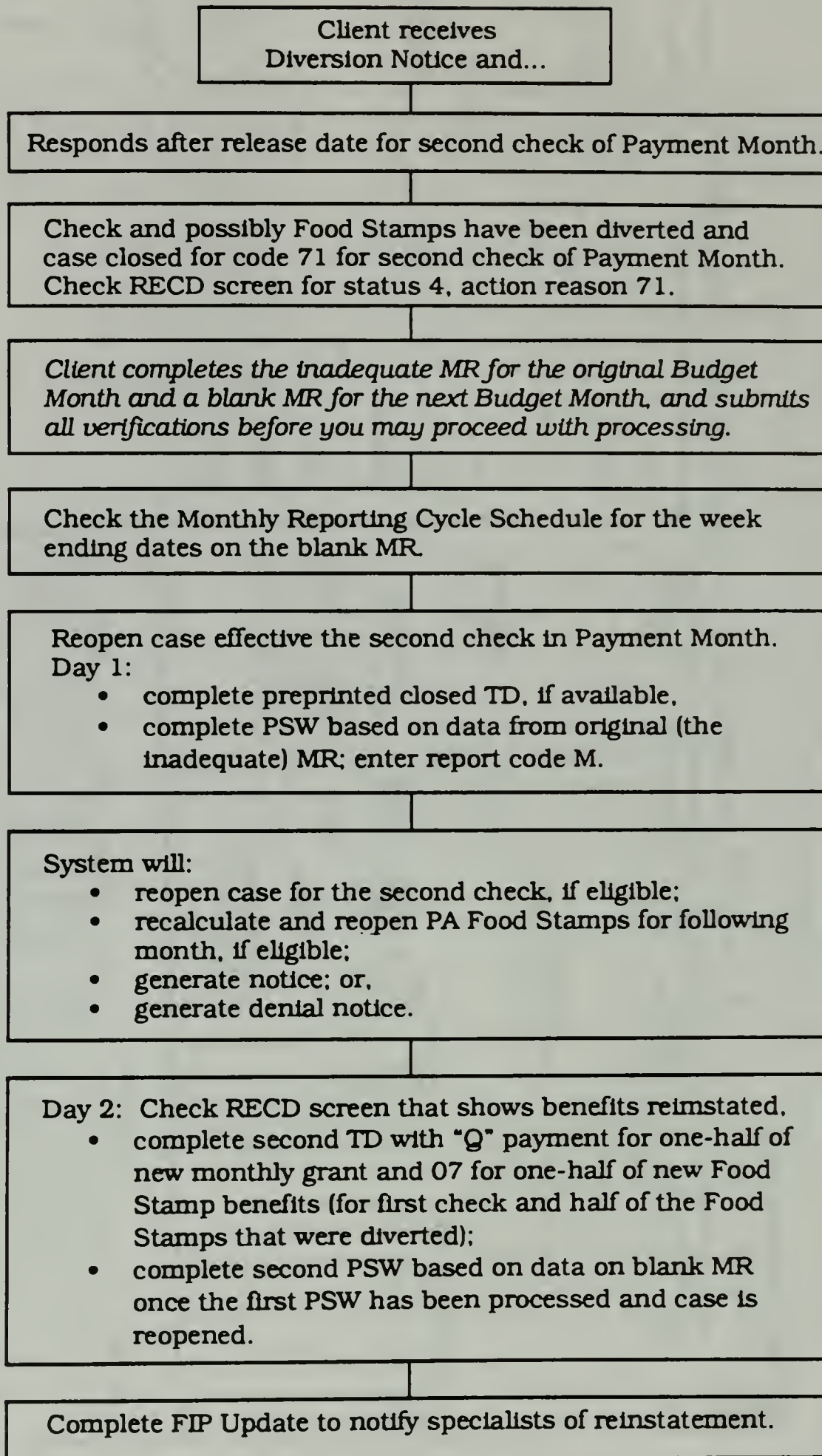
Worker Signature: Craig Mangor Date: 5/16/91

Supervisor Signature: Superintendent Date: 5/16/91

Reinstatement - An Inadequate Report

Chart 2 Code 71

How to Reopen



PACES Tumaround Document

Journal of Management Education

Reinstatement - An Inadequate Report

Day one
Reopening
Case closed



See example on the following page.

Data are from the original MR. The original MR was sent in April for March's earnings. This PSW will reinstate benefits for May.

- Enter pertinent information in FIW1 section. Note that client is allowed a Food Stamp dependent care deduction.
- Enter pertinent information in FIW2 section. Note that this is a monthly payment. Also, the X entered in the 4 $\frac{1}{3}$ block will stop PACES from performing the 4 $\frac{1}{3}$ calculation.
- Sign and date.

PACES Worksheet

CASE NAME: Gall, Johnson CAT: 2 CASE SBN: 123 - 45 - 6789 IN TYPE: PREPARED DATE: 05/27/91 WK: 131 RPT CD: 233 CHANGE DATE:

[illegible]

A		B		C		D		E		F		G		H		I		J		K		L		M	
CL#		TYPE		1		2		3		4		5		30A		41A		BE		#WKS		FSBE		RTCD	
20.																									
21.	DO	E1		400	00	0	0	0	0	0	0														
		HOURS		40																					
22.																									
		HOURS																							
		HOURS																							

FIW2

Comments

Code Manager

Worker Signature

Supervisor

Supervisor Signature

5/27/91

Date

5/27/91

Date

Case Manager	5/27/91
Supervisor	5/27/91

PACES Input Document

Your Department of
Public Welfare



SECTION I - HEADER INFO									
1	2	3	4	5	6	7	8	9	10
PREPARED BY	DATE	TIME	REASON	LAST	QTY	BOOK SECURITY NO	CLERK	DATE	WORKER NO
06/04/91	4	131	2	123 45 6789	1	JUN	233		

SECTION II - CASE NAME/ADDRESS									
11	12	13	14	15	16	17	18	19	20
NAME	LAST	FIRST	MIDDLE	STATE	ZIP CODE	CITY	STREET	APT	TELEPHONE NUMBER
Jones	Mary								

SECTION III - CASE PROFILE									
21	22	23	24	25	26	27	28	29	30
TYPE OF ENTRY	REASON	GROUP CODE	REASON	REASON	REASON	REASON	REASON	REASON	REASON
1	1	1	1	1	1	1	1	1	1

SECTION IV - FOOD STAMPS									
31	32	33	34	35	36	37	38	39	40
TYPE OF ENTRY	REASON	REASON	REASON	REASON	REASON	REASON	REASON	REASON	REASON
1	1	1	1	1	1	1	1	1	1

SECTION V - ADDITIONAL ENTRIES									
41	42	43	44	45	46	47	48	49	50
TYPE OF ENTRY	AMOUNT	DATE OF ENTRY	DATE OF PAYMENT	DATE OF PAYMENT	DATE OF PAYMENT	DATE OF PAYMENT	DATE OF PAYMENT	DATE OF PAYMENT	DATE OF PAYMENT
Q	98 00								

SECTION VI - CLIENT PROFILE									
51	52	53	54	55	56	57	58	59	60
TYPE OF ENTRY	CL NO	LAST	CLUSTER NAME	DATE OF BIRTH	BOOK SECURITY NO	DATE OF BIRTH	DATE OF BIRTH	DATE OF BIRTH	DATE OF BIRTH
C	F								
C	F								
C	F								
C	F								
C	F								

SECTION VII - CORNELIUS									
61	62	63	64	65	66	67	68	69	70
TYPE OF ENTRY	DATE OF REQUEST	DATE OF NOTIFICATION	DATE OF NOTIFICATION	DATE OF NOTIFICATION	DATE OF NOTIFICATION	DATE OF NOTIFICATION	DATE OF NOTIFICATION	DATE OF NOTIFICATION	DATE OF NOTIFICATION

SECTION VIII - REFUGEE									
71	72	73	74	75	76	77	78	79	80
CL NO	DATE OF ENTRY	DATE OF ENTRY	DATE OF ENTRY	DATE OF ENTRY	DATE OF ENTRY	DATE OF ENTRY	DATE OF ENTRY	DATE OF ENTRY	DATE OF ENTRY

SECTION IX - REMARKS									
81	82	83	84	85	86	87	88	89	90
REMARKS	REMARKS	REMARKS	REMARKS	REMARKS	REMARKS	REMARKS	REMARKS	REMARKS	REMARKS
Q payment for diverted benefits -- 07 for diverted food stamps									

SECTION X - SIGNATURE									
91	92	93	94	95	96	97	98	99	100
WORKER'S SIGNATURE	DATE	WORKER'S SIGNATURE	DATE	WORKER'S SIGNATURE	DATE	WORKER'S SIGNATURE	DATE	WORKER'S SIGNATURE	DATE
Case Manager	6/4/91	Case Manager	6/4/91	Case Manager	6/4/91	Case Manager	6/4/91	Case Manager	6/4/91

Reinstatement - An Inadequate Report

Day two
Reopening
Case closed



See example on the following page.

Data are from the blank MR that reflects circumstances in March. A blank MR substitutes for the MR PACES did not send because the first check in April was diverted. Data from this PSW determine benefits for May.

- Enter pertinent information in FTW1 section. Note that client is allowed an additional Food Stamp dependent care deduction.
- Enter pertinent information in FTW2 section. Note that this is a monthly payment and an X in the "4 $\frac{1}{3}$ " block will stop PACES from performing the 4 $\frac{1}{3}$ calculation.
- Sign and date.

PACES Worksheet

CASE NAME: Johnson, Gall

CAT: 2

CASE SSN: 123 - 45 - 6789

PREPARED DATE: 06/04/91

WKR: 233

RPT CD: FIW3

CHANGE DATE: 6/4/91

FIW1

1. SOC SEC/ROTHER		2. MED DED		3. FILING		4. VENDOR PAYMENT		5. SPEC INC TP	
AMNT	CD	AMNT	CD	UNIT	AMNT	CD	AMNT	CD	AMNT
6. RECOUPMENT		7. INC/IND		8. SPENDDOWN		9. DISCHARGE		10. ASSETS	
TOT AMNT	TYPE	AMNT	CD	AMNT	CD	AMNT	CD	AMNT	CD
11. SAME		12. PUB PER		13. SPENDDOWN		14. NH		15. M/WHM	
INUSP	END	DIEM RT	BEG	END	DATES:	AMNT	CD	AMNT	CD
16. T/AMNT		17. PMNA		18. CON/CP		19. PMCO		20. PMCO	
AMNT	CD	AMNT	CD	AMNT	CD	AMNT	CD	AMNT	CD

FIW3

23. NAME		DEPT/TITLE	
A			
STREET		CITY	
TELEPHONE		STATE	
		ZIP	
ADD TYPE			
NAME		DEPT/TITLE	
B			
STREET		CITY	
TELEPHONE		STATE	
		ZIP	
ADD TYPE			
NAME		DEPT/TITLE	
C			
STREET		CITY	
TELEPHONE		STATE	
		ZIP	
ADD TYPE			

FIW2

A		B		C		D		E		F		G		H		I		J		K		L		M	
CL#		TYPE		1		2		3		4		5		30 1/2		4 1/2		BE		FS BE		RT CD			
20.																									
CL#		TYPE		1		2		3		4		5		30 1/2		4 1/2		BE		FS BE		RT CD			
21.		EI		200.00		0		0		0		0		0		X		BE		FS BE		RT CD			
HOURS		20		0		0		0		0		0		0		0		0		0		0			
CL#		TYPE		1		2		3		4		5		30 1/2		4 1/2		BE		FS BE		RT CD			
22.																									
HOURS																									
CL#		TYPE		1		2		3		4		5		30 1/2		4 1/2		BE		FS BE		RT CD			
23.																									
HOURS																									

Comments

Case Manager 6/4/91
 Date
 Supervisor Signature 6/4/91
 Date

Monthly Report Processing and Monitoring Codes

Codes that are specific to Monthly Reporting are listed here. The codes are used by Data Entry when screening the MR; they appear on the DCR, SDR, and INFO screen indicating the activity needed. PACES will generate the appropriate change to the benefits and a notice to your client based on the data submitted on the source document(s). PACES will automatically send the one-day notice, correction notices, and divert notices based on the Monthly Report code.

Monthly Report Codes

Code	MR Message	Reason	Submit	System generates
01	Mail returned	MR returned	nothing	1-day message-no advance termination notice
02	Name Change	name change for client/dependent	TD	nothing
03	Address Change	address change	TD	FS change and notice
04	Shelter/Utility Cost Change	change in shelter expenses	TD	FS change and notice
05	Moved - Shelter/Utility Section Insufficient	reported address change but shelter information incomplete	nothing	Correction Notice
		when client responds	TD	FS change and notice

Note: If the message is incorrect or invalid, delete the pending transaction with an action/removal.

Monthly Report Processing and Monitoring Codes

Monthly
Report Codes
(cont.)

Code	MR Message	Reason	Submit	System generates
06	Earned Income Reported	reported earned income	PSW	Grant/FS change and notice or termination notice - effective 1st check/ATP of following month
07	Earnings Question Not Answered	section 9 and wage information incomplete when client responds	nothing PSW	Correction notice Grant/FS change and notice
08	Earnings Verification Incomplete	verification not included when client responds	nothing PSW	Correction notice Grant/FS change and notice
09	Child Care Expense Change	reported child care expenses	PSW	Grant/FS change and notice-eff 1st check/ATP of following month
10	Changes Within Next 30 Days	reported change expected in 30 days	TD	Grant/FS change and notice or termination notice

Note: If the message is incorrect or invalid, delete the pending transaction with an action/removal.

Monthly Report Processing and Monitoring Codes

Monthly
Report Codes
(cont.)

Code	MR Message	Reason	Submit	System generates
11	Change in Dependency Status	reported dep. not in home, in school, not expected to graduate before 19, or is age 19	TD	Grant change and notice or termination notice
12	Dependent Info Inadequate	dependent questions not answered	nothing	Correction notice
		if client responds	TD	Grant/FS change and notice
		if client does not respond	nothing	Divert notice-effective 1st check/ATP of following month
13	FS Dependent Info Inadequate	FS dependent question not answered	nothing	Correction notice
		if client responds	TD	FS change and notice
		if client does not respond	nothing	Divert notice - effective ATP of following month
14	New Household Member	reported new member	TD	Grant/FS change and notice
15	Medical Expense Changed	reported change in medical expenses	TD	FS change and notice

Note: If the message is incorrect or invalid, delete the pending transaction with an action/removal.

Monthly Report Processing and Monitoring Codes

Monthly
Report Codes
(cont.)

Code	MR Message	Reason	Submit	System generates
16	Health Insurance Changed	reported change in health insurance	TD TPL Supplement	nothing
17	Unearned/Self - Employment Income Reported	reported unearned or self-employment income	PSW	Grant/FS change and notice
18	Unearned/Self-Employment, Asset Info Inadequate	questions not answered completely	nothing	Correction notice
		if client responds	PSW	Grant/FS change and notice
		if client does not respond	nothing	Divert notice - effective 1st check/ATP of following month
19	Excess Assets Reported	excess assets reported on MR	PSW	Termination notice
20	Comment	comment or request for services on MR	nothing	nothing

Note: If the message is incorrect or invalid, delete the pending transaction with an action/removal.

Monthly Report Processing and Monitoring Codes**Monthly
Report Codes
(cont.)**

Code	MR Message	Reason	Submit	System generates
21	Form is Not Signed	no signature on MR	nothing	Correction notice; MR returned to client
		if client signs MR	PSW	Grant/FS change and notice
		client does not sign MR	nothing	Divert notice - effective 1st check/ATP of following month
22	Form Returned With No Changes	none	nothing	nothing

Note: If the message is incorrect or invalid, delete the pending transaction with an action/removal.

Overview

The Refugee Resettlement Program (RRP) receives federal funds under the Refugee Act of 1980 to provide basic needs and resettlement services to individuals admitted as refugees to the United States. The Executive Office of Health and Human Services (EOHHS) is responsible for the coordination and delivery of services to refugees, and contracts with the Department of Public Welfare for the delivery of cash and medical assistance.

Services provided by the Department of Public Welfare to eligible refugees include:

- RRP/AFDC
- RRP/Non-AFDC
- RRP/MA
- RRP/Non-MA
- Food Stamps
- Emergency Assistance

In addition, those receiving RRP benefits are automatically eligible for services available through the Refugee Employment Service System (RESS) (see "RESS Providers" section at the end of this chapter for a list of RESS providers). Services include English-language training; job search, counseling and development; and education and training.

Refugees receiving RRP/AFDC benefits are also eligible for the full range of Employment and Training (ET) services, and food stamp recipients are eligible for FS ET.

Upon arrival in this country, the refugee is assisted by a sponsor or voluntary agency providing initial shelter, food, clothing and pocket money. The agencies also assist in locating permanent housing and schedule initial medical appointments. They refer the refugee to the Department for cash and medical assistance and may assist in the application process. The level of assistance varies widely among agencies, a list of which can be found in Appendix B of the PACES User's Guide.

Refugees apply for benefits at the local welfare office that provides services to the community in which the refugee resides.

However, the Boylston Square office manages refugee cases for the Boston and Brookline/Newton offices. Upon termination of refugee assistance, cases are transferred to the appropriate local office once eligibility for other welfare benefits is determined and any new case is established.

The following chart summarizes the eligibility requirements for different RRP benefits and the time frames during which benefits may be received:

Benefit	Eligibility Requirements	Time Frame (Months)
RRP/AFDC:	Meets AFDC categorical and financial eligibility	4
RRP/Non-AFDC	Meets AFDC financial but not AFDC categorical eligibility	8
RRP/MA	Meets categorical and financial eligibility for MA, i.e., MA/AFDC, MA/U18, MA/DA or MA/OAA	4
RRP/Non-MA	Meets MA financial but not categorical eligibility	8



Eligibility for Refugee Benefits

Eligibility for refugee benefits begins with entry into the United States, and lasts up to four months for AFDC-related and MA-related refugee benefits, and up to eight months for Non-AFDC-related and Non-MA-related Refugee benefits.

- RRP/AFDC: both categorical and financial eligibility requirements must be met.
- RRP/Non-AFDC: AFDC financial but not categorical eligibility requirements must be met.
- Medicaid eligibility is automatic for recipients of both RRP/AFDC and RRP/Non-AFDC.

To receive Medicaid, for RRP/MA benefits both the Medicaid categorical and financial eligibility requirements must be

Eligibility Determination

met; for RRP/Non-MA benefits Medicaid financial but not categorical eligibility requirements must be met. The cases of refugees eligible for both types of MA are handled by Medicaid workers.

For RRP/AFDC and RRP/Non-AFDC applications, use the AFDC Case Management Application and Agreement; for RRP/MA and RRP/Non-MA applications, use the appropriate Medicaid application forms. Write "RRP" and the name of the Resettlement Agency (sponsor or voluntary agency) on all applications.

During the interview, inform the applicant that the Department notifies the voluntary agency of the application for assistance.

- Notify the voluntary agency responsible for resettlement of the application for assistance.
- Note the agency name and date of contact in the case record.

Explain that registration with RESS is automatic and that participation, unless exempt, is mandatory for receipt of RRP benefits. The system-generated approval notice will advise the applicant of automatic registration with RESS.

Income contributed from the sponsoring individual or agency during the initial resettlement period must be counted in determining eligibility for RRP benefits. Most but not all sponsors provide assistance for approximately 30 days. Should assistance from the sponsor render the applicant ineligible, the application shall be taken with approval effective the first day after the initial resettlement ends, assuming all other eligibility criteria are met.

Important reminders:

An applicant for assistance under the Refugee Resettlement Program must submit documentation verifying refugee status in accordance with 106 CMR 328.080.

Redetermination of Refugee Benefits

Assets remaining in the country of origin are not counted in making the eligibility determination.

For RRP/Non-AFDC cases, the \$30 and one-third earned income disregard may not be applied in determining either need or the grant amount.

Use Appendices B and C of the PACES User's Guide to code the Turnaround Document (TD) with the correct Action Reason, resettlement agency, and country of origin.

System-generated notices are either in English or Spanish. Notices sent to clients whose cases are coded as speaking another language are sent in English with an enclosed multi-language card (NFL/ML) advising the client to seek translation.

Redetermine RRP/Non-AFDC and RRP/Non-MA cases at six months for continuing eligibility. Use the Refugee Caseload Report to identify cases for review.

Eligibility for refugee benefits ceases at four months for RRP/AFDC and RRP/MA cases, and at eight months for RRP/Non-AFDC and RRP/Non-MA cases. This date is identified for each case in the Refugee Caseload Report under the "Close Date" column. Use the Refugee Caseload Report to identify those refugee cases that you need to review the month prior to closing. In reviewing these cases, determine what other Department benefits, if any, the client is eligible to receive.

- Schedule the RRP benefit to close at the end of the fourth or eighth month, as appropriate.
- If eligible for another benefit, close the RRP case with Action Reason 33 and open the new category effective the day after the RRP closing date to prevent interruption of coverage.

Notify the appropriate RESS agency of the change.

Refugee Resettlement Program

Refugee Employment Service System (RESS) Providers

The RESS Service Providers listed below offer the following services to all refugee clients:

Job search	English as a second language
Job counseling	Education
Job development	Vocational training

In general, refer refugees to the RESS provider closest to the refugee's home.

RESS Service Providers:

Action for Boston Community
Development
100 Shawmut Avenue
Boston, MA 02118
Tel. (617) 451-1222 xt. 765
Contact: Sally Heckel

Jewish Vocational Services
105 Chauncy St. 3rd floor
Boston, MA 02111
Tel. (617) 426-6990
Contact: Guy Bresnahan
Judy Sacks

Boston Technical Center, Inc.
22 Drydock Avenue
Boston, MA 02210
Tel. (617) 482-7787
Contact: Stephen Bonkowski

*Laotian American Organization
79 High Street
Lowell, MA 01852
Tel. (508) 453-3684
Contact: Stephen Teel

Cambodian MAA of Greater
Lowell
125 Perry Street
Lowell, MA 01852
Tel. (508) 454-4286
Contact: Vera Godley

Merrimack Valley Reg'l Skills Ctr.
206 Jackson Street
Lowell, MA 01852
Tel. (508) 458-2502
Contact: Mike McQuaid

Catholic Charities of Worcester
15 Ripley Street
Worcester, MA 01610
Tel. (508) 798-0191
Contact: Theresa Khan

Middlesex County Employment and
Training
14 Chapel Street
Somerville, MA 02144
Tel. (617) 628-0300
Contact: Betsy Bragg

Refugee Resettlement Program

8-6

Chinatown Occupational Training
Ctr.*
31 Beach Street
Boston, MA 02111
Tel. (617) 357-7163
Contact: Karen Brenner

North Shore Employment & Training
100 Bennett Street
Lynn, MA 01902
Tel. (617) 593-3100
Contact: Andrew Euzukonis

Chinese American Civic Association
90 Tyler Street
Boston, MA 02111
Tel. (617) 426-9492
Contact: Rosanna Shih

North Essex Community College
Refugee Project
41 Franklin Street
Lawrence, MA 01841
Tel. (508) 683-4259
Contact: David Hildt

Employment Connections, Inc.
980 Broadway
Chelsea, MA 02150
Tel. (617) 884-1755
Contact: Peter Prins

Refugee Resettlement of Springfield
11 Pearl Street
Springfield, MA 01130
Tel. (413) 732-6365
Contact: Carol Montanari

International Institute of Boston
287 Commonwealth Avenue
Boston, MA 02115
Tel. (617) 536-1081
Contact: Moira Lucey

Urbanistics Foundation
165 Washington Street
Quincy, MA 02169
Tel. (617) 328-9211
Contact: Sharon Evans

*Vocational training only

Changing an Address /Transfer Out AFDC

Key Point



When your client reports a change in address, prompt and thorough action by the Case Management Team will ensure that there is little or no interruption in benefits and services for your client.

Case Manager

Preparation

- Review case record, particularly the current living arrangement, eligibility for rent allowance, and housing situation.

Interview

- Ask your client, in person or by phone, to send verification of new address when necessary.
- Discuss the new housing situation, living arrangements, and shelter payments with your client.
- Refer your client to appropriate specialists when the relocation affects their specialty area.
- Review need for EA or status of existing EA request.
-  Review vendor payment status. Be sure to send a VP/NFL-2 to vendor if vendor payments are going to stop.
- Remind your client to put name on mailbox, and notify utility service companies.
- Determine eligibility for rent allowance.
- Consult with Supervisor or Assistant Director, if homelessness or other unusual circumstances exist.
- Review and update FIP.
-  Evaluate family health needs and accessibility to providers and make appropriate referrals.

Follow-up

- Inform specialists of the new address.
- Send updated FIP to specialists.
- Enter new data on TD for:
 - address
 - group code (rent allowance eligibility)
 - shelter expenses and SUA eligibility, if appropriate
 - office code (for transfers)
 - Cornelius data - code 23.



- Make any necessary PSW changes.
- When appropriate, complete:
 - NFL-18
 - VP/NFL-2.
- Ensure case record is up to date before transfer.
- If FIP Updates from specialists are received after transfer, forward to new office.

ET Specialist

- Review effect of relocation on Employment Plan, giving particular attention to activity component, transportation, and child-care issues.
- Take all necessary steps to ensure your client's continuing participation in the current component.
- Discuss barriers with your client, and develop alternatives.
- Complete appropriate referrals to other contractors that service the new area according to the Employment Plan.
- Ensure that your client understands that he or she should contact his or her Case Manager in the new location, if problems arise that could hinder achieving self-sufficiency.
- Send FIP Update to Case Manager.

Changing an Address /Transfer Out AFDC

	C	<ul style="list-style-type: none">• Update ET-MIS, if necessary.						
Housing Specialist		<ul style="list-style-type: none">• Evaluate EA usage, shelter costs, income, and subsidy eligibility.• Make referrals to Housing Services, if available.• Send FIP Update to Case Manager.						
Child Support Specialist		<ul style="list-style-type: none">• Ensure that child support records are up-to-date and transferred to new office.• Send FIP Update to Case Manager.						
Supervisor		<ul style="list-style-type: none">• Ensure transfer of complete record.• Notify new office of unresolved problems.						
Policy		<table><tr><td>Rent Allowance:</td><td>Section 305.910</td></tr><tr><td>Verification:</td><td>Section 306.410</td></tr><tr><td>Residence:</td><td>Section 303.400</td></tr></table>	Rent Allowance:	Section 305.910	Verification:	Section 306.410	Residence:	Section 303.400
Rent Allowance:	Section 305.910							
Verification:	Section 306.410							
Residence:	Section 303.400							

Keypoint

Your client and the new Case Management Team should meet as soon as possible. A successful transition from one team to another can facilitate progress towards independence, and prevent crisis. Important matters that should be reviewed include:

- impact of a move on family members and the FIP;
- eligibility factors that are likely to have changed; and
- resources available in the new community.

Manager

- Assistant Director or designee will review case record for:
 - completeness of case record;
 - acceptance, rejection, assignment of case; and
 - urgent issues that need immediate attention, and discuss them with Case Manager or Supervisor.Assistant Director or Homeless Coordinator will review case, if homelessness exists.
- Contact prior office, if no case record has been received.

Case Manager

Preparation

- Check case record for completeness and accuracy.
- Review case information available on system screens: PACES, SSPS, and Child Support.
- Review status of EA request, if any.
- Ensure that Child Support, ET, and Housing Specialists are aware of case.
- Schedule interview.
- Alert specialists to upcoming interview.

Interview

303.230
305.910

- Review eligibility factors, including, but not limited to:
 - changes in household composition or expenses for shelter or utilities that affect food stamps;
 - changes in living arrangement, or eligibility for rent allowance.
- C**
 - vendor payment status, if any. Be sure old and new vendors are correct, and that your client and the vendors have been informed of the changes (VP/NFL-2).
- Review with your client:
 - issues related to move — school district of children, appropriate notifications of change of address, etc.
 - status of EA request, if any.
 - previous FIP, particularly health care needs, ET, housing situation, and child support status.
- Complete Redetermination Form, if appropriate.
- C**
 - Make referrals to:
 - ET, Child Support, and Housing Specialists with new FIP and other appropriate documents.
 - community resources (e.g., CAP agency for Fuel Assistance).
- C**
 - Evaluate family health needs and access to providers, and make appropriate referrals.

Follow-Up

- Consult with Supervisor or Assistant Director if homelessness or other unusual circumstances exist (e.g., no case record).
- C**
 - Make necessary TD and PSW changes.
 - Contact your client for update on results of referrals.
 - Arrange a case conference, if appropriate.

ET Specialist

- Review effect of relocation on Employment Plan, giving particular attention to activity component, transportation, and child-care issues.
- Take all necessary steps to ensure your client's continuing participation in the current component.
- Discuss barriers with your client to develop alternatives.
- Make referrals to other contractors who service the new area according to the Employment Plan.
- Ensure that your client understands that he or she should contact the Case Manager, if problems arise.
- Send FIP Update to Case Manager.

Housing Specialist

- Evaluate EA usage, shelter costs, income, and subsidy eligibility.
- Make referrals to Housing Services, if available.
- Consult with Assistant Director or Homeless Coordinator, if appropriate.
- Send FIP Update to Case Manager.

Child Support Specialist

- Ensure that child support records have been received in the office and are up-to-date.
- Send FIP Update to Case Manager.

Support Services

Replacing Undelivered Checks



Review the circumstances with the recipient to determine whether this check replacement request is the first time or a regular occurrence and determine if the check is undelivered, lost or stolen. Ask the recipient if he or she has recently moved, has a safe and secure mailbox, and has clearly and properly marked the name on it.

Consult the *Systems User's Guide* Volume 1: PACES for information and instructions regarding form completion, data entry and systems inquiry.

- Ask the recipient if food and/or shelter vouchers are needed and provide necessary invoices, completing an NFL-18 if required.
- Inform the recipient that the amount(s) of the voucher(s) will be deducted from the replacement check and that if a replacement check is denied, the amount(s) of the voucher(s) will be considered an overpayment. (See 106 CMR: 306.530 in the *AFDC Policy Manual*.)
- Confirm that the check was issued (Checks Issued Screen (CHEK) or Daily Check Register) and mailed to the correct address.
- Review the Checks Issued Screen (CHEK) to find out if the check has been returned to Central Office (up to four days after the date of issuance).

If the check was returned to Central Office,

The worker will:

- explore possible reasons for check nondelivery;
 - Has there been a name change?
 - Has there been an address change?

If the recipient answers yes to either or both of these questions, be sure the changes are made on PACES to prevent the problem from recurring.

Policy Reference

Support Services

Replacing Undelivered Checks

9-8



- Is the mailbox intact and secure?
- Is the name on the mailbox clearly marked?

If the recipient answers no to either or both of these questions, inform him or her that this should be corrected immediately to prevent the problem from recurring.

- Does the recipient know about direct deposit?
- Does he or she choose to go on direct deposit?

If the recipient chooses direct deposit, initiate the process as soon as the recipient submits the direct deposit application (CA/DD (4/91)), completed by the recipient and the bank representative. Consult CM-91-13 dated 4/15/91 and the *Systems User's Guide* Volume 1: PACES for details.

- Complete Sections I and II of the Replacement Check Data Entry Form (RCDE-1) and submit it to data entry.

Inform the recipient that the replacement check will be mailed the following day, and

Note: If the request for a replacement check of an undelivered check is received after the 15th day of the month after the month of issuance, the recipient must complete an FCB-1.

- If the recipient is also receiving PA Food Stamps and the ATP needs to be replaced, consult Field Operations Memo 92-8.

Support Services

Replacing Lost and Stolen Checks (Uncashed)



If the check is not shown as undelivered four days after the check issuance date, begin to process the replacement check as a Lost or Stolen check using the following process. This process may be started as soon as the recipient reports the check was received and then lost, stolen, destroyed or mutilated.

The worker will:

- discuss ways of preventing future loss or theft such as:
 - the recipient's ensuring that the mailbox is intact, secure and clearly identified and/or
 - explaining direct deposit, and if chosen by the recipient, initiating the process as soon as the CA/DD completed by the recipient and the bank representative is submitted.

Refer to *Systems User's Guide* Volume 1: PACES and CM-91-13 for more information about direct deposit.

- help the recipient complete a Statement of Loss (FCB-1). The recipient must complete the reason for requesting a replacement check and sign the form in the three indicated places.
- complete the "For Worker Use Only" spaces at the lower right-hand corner of the form (Social Security Number and Category). These entries are for case identification by Finance should the FCB-1 need to be forwarded.

NOTE: Send the FCB-1 directly to Finance if the check is more than 90 days old or was issued through SSPS.

- remind the recipient that cashing the original check may entail a fraud referral and a graphoanalyst's is examining the FCB-1 and check signatures.

Support Services

Replacing Lost and Stolen Checks (Uncashed)



Policy Reference

- ask the recipient if food and/or shelter vouchers are needed and if so provide them,
- complete an NFL-18 if required,
- inform the recipient that the amount(s) of the voucher(s) will be deducted from the replacement check but if replacement is denied, the amount(s) of the voucher(s) will be considered an overpayment (See 106 CMR: 306.530 in the *AFDC Policy Manual*),
- complete Sections I and III of the RCDE-1 and submit it to data entry, and
- give the recipient a copy of the FCB-1, holding the original until Finance requests it via E-Mail.

Finance will:

- notify the worker via E-Mail if the FCB-1 must be submitted to Finance,
- put a stop payment on the check, and
- authorize the replacement check.

The worker will then:

- review the Checks Issued Screen (CHEK) and/or Daily Check Register within three to five days for information on issuance of the replacement check, and
- notify the recipient, using the NFL-9.

Support Services

Replacing Lost and Stolen Checks (Cashed)

9-11



If the check has been cashed:

The worker will:

- discuss ways of preventing future lost or stolen checks, such as:
 - the recipient's ensuring the security and clear identification of the mailbox, and/or
 - explaining direct deposit, and if chosen by the recipient, initiating the process with the CA/DD completed by the recipient and the bank representative,

Refer to *Systems User's Guide* Volume 1: PACES and CM-91-13 for more information about direct deposit.

- Ask the recipient if food and/or shelter vouchers are needed and if so provide them,
- Complete an NFL-18 if required,
- Inform the recipient that the amount(s) of the voucher(s) will be deducted from the replacement check, but if a replacement check is denied, the amount(s) of the voucher(s) will be considered an overpayment (See 106 CMR: 306.530 in the *AFDC Policy Manual*),

Policy Reference

Finance will request the FCB-1 through the E-Mail system.

The signatures on the check and the FCB-1 will be compared.

A. If the signatures do not match:

Finance will send:

- the recipient an FCB-2 informing the recipient to contact the local office within five days to complete the FCB-3, and

Support Services

Replacing Lost and Stolen Checks (Cashed)

9-12



- the worker a copy of the FCB-2, along with a copy of the signed check.

If the recipient comes to the local office and signs the FCB-3, the worker will:

- complete Section IV of the RCDE-1,
- send the original FCB-3 to Finance, and
- file a copy of the FCB-3 in the case record.

Upon receipt of the FCB-3, Finance will release the replacement check.

The worker will:

- review the DCR, Checks Issued Screen (CHEK) and the Daily Check Register for information about the issuance of the replacement check, and
- notify the recipient of the approval of the check replacement, using the NFL-9.

If the recipient does not come to the local office to sign the FCB-3 within ten days, a "D" code for "Denial" is automatically entered by the system, and a Denial of Replacement Notice is sent to the recipient by Finance.

If the recipient does not respond to the denial notice, the request will be purged ten days from the date of the denial notice and a new replacement request must be made.

B. Signatures appear to be the same:

Finance will:

- deny the request for a replacement check, and
- notify the recipient of the denial, using an NFL-9CR. A copy of the denial will be sent to the local office.

Support Services Replacing Lost and Stolen Checks (Cashed)

9-13



If the recipient appeals this denial, the FCB-1 and the check signatures will be compared by a graphoanalyst.

- If the graphoanalyst determines the signatures are not the same, the replacement check will be authorized.

Finance will:

- send an FCB-2 requesting the recipient come to the local office within five days to complete the FCB-3, and
- send the worker a copy of the FCB-2 along with a copy of the signed check.

The recipient will:

- come into the local office in order to sign the FCB-3,
- sign the "Request for Withdrawal of Fair Hearing" section of the FCB/NFL-1, and
- send the "Request for Withdrawal of Fair Hearing" section to the Division of Hearings.

The Division of Hearings will:

- cancel the scheduled hearing, and
- notify the recipient and the worker.

If the recipient does not sign and send the "Request for Withdrawal of Fair Hearing," the hearing will be held and dismissed.

Once the FCB-3 has been signed, the worker will:

- complete Section IV of the RCDE-1 and submit it to Data Entry,
- send the original FCB-3 to Finance, and

Support Services

Replacing Lost and Stolen Checks (Cashed)



- file a copy of the FCB-3 in the case record.
- Finance will, upon receipt of the FCB-3, release the replacement check and send it to the recipient with the NFL/FCB-1. A copy of the NFL/FCB-1 will be sent to the worker.
 - If an FCB-3 is not received by Finance, a Daily Caseload Report (DCR) message, "FCB-3 LATE," will appear on the report until the issue is resolved.

The worker will:

- send an NFL-9 to deny replacement if the recipient refuses to sign the FCB-3, and
- complete Section IV of the RCDE-1, submitting it to Data Entry.

If the FCB-2 is returned to the worker, the worker must follow up on the reason for nondelivery of the notice. For example, a change of address may be necessary.

If the graphoanalyst determines the signatures are the same, the appeal hearing will be held.

- All materials needed for the appeal will be forwarded to the local office.
- The Department will appoint a representative to represent the Department's position in denying a replacement check at the appeal hearing.
 - The material sent to the local office is to be available for review by the recipient and/or recipient's representative, the worker and the appointed Department representative for at least five days prior to the appeal hearing.

Support Services

Replacing Lost and Stolen Checks (Cashed)



- If there is no copy of the signed FCB-3 in the case record, the worker must be sure that there is a blank FCB-3 in the case record for the appeal hearing.
- Refer to the *Systems User's Guide* Volume I: PACES for information about the recoupment of any over-payment if food and/or shelter vouchers were given to the recipient earlier in this process.

Policy References

106 CMR: 306.400 through 306.530

Support Services**Authorizing a Payment for a Crib, Mattress, and/or Layette****Overview**
305.600

The recipient must request a crib and/or mattress and/or layette within the first six months after the baby is born to obtain payment for the above.

**Checking
Other
Sources**

Check the recipient's file to see if the Department provided a crib and/or mattress and/or layette in the past, and the recipient no longer has these, or if these might be available from another source.

If a crib and/or mattress and/or layette are not available from any other source, authorize a payment for these. If there is more than one eligible infant in the household at the time of the request, you may authorize payment for more than one crib and/or mattress and/or layette.

Verification

If you do not have documentation of birth in the file, complete an NFL-18 to obtain proof of the infant's date of birth from the recipient.

If the recipient provides verification within 26 calendar days of the NFL-18, then you must take action within 45 days of the recipient's request.

**Authorizing
the Payment**

When authorizing payment(s) for a crib and/or mattress and/or layette, complete a TD and enter a "K" payment and the amount(s) in the appropriate sections. You should also fill out the appropriate Cornelius blocks on the TD.

**Payment
Amounts**

When using a "K" payment, the crib and/or mattress amount may not exceed \$200, and the layette amount may not exceed \$100 for a combined maximum total of \$300. The amount may be combined in a single "K" to cover both payments.

Notification

You must notify the recipient of the approval or denial of his or her request through an NFL-9.

Introduction

To help families meet emergency financial crises, the Department operates the Emergency Assistance (EA) program. The EA program provides eligible households with shelter and/or utility arrearage payments or emergency shelter for the homeless. The specific benefits are discussed in detail later in this chapter.

A household is eligible for EA when it meets the basic eligibility requirements outlined in the following section of this chapter.

The appropriate policy chapter is 106 CMR 309 in the *AFDC Policy Manual*.

Basic Eligibility Requirements: 106 CMR 309.020**Categorical Requirements**

Determine whether a household meets the EA eligibility requirements described below.

The household meets the categorical requirements of EA when it includes:

- a needy child under the age of 21 (the needy child must currently live with or have lived with the household within six months prior to the EA application); or
- a pregnant woman with no other children.

"Household" for this purpose includes all relatives, as defined in 106 CMR 303.210, who live with the needy child or such relatives of the unborn child who live with the pregnant woman.

There is no distinction between an EA household with a needy child and an EA household with a pregnant woman. Once a household qualifies as an EA household, it must comply with the eligibility conditions listed below in the Other Eligibility Requirements section. Therefore, if EA is provided to a household with a pregnant woman and without a needy child, EA may not be provided again within the next 12 months due to the presence of a needy child. Of course, the exception is the occurrence of a disaster.

Financial Requirements

The household meets the financial requirements of EA when it:

- passes the AFDC 185% test of eligibility. The household's gross income must be equal to or less than the AFDC Eligibility Standard for a household of the same size in accordance with 106 CMR 304.210, 304.250 and 304.400. The AFDC grant is countable income for EA eligibility; SSI income is not countable income for EA eligibility. Income is based on the previous four weeks' income.
- meets the AFDC asset test. The household's countable assets may not exceed \$1000, in accordance with 106 CMR 304.120 through 304.140. The value of assets must be verified within 45 days of the EA application.

Basic Eligibility Requirements (cont.)

Within 12 months prior to the EA application, no member of the EA household may have assigned or transferred real or personal property for the purpose of becoming eligible for EA.

If an EA household is requesting benefits due to the mistreatment of an EA household member, do not count the assets and income of the abusing member.

**Other
Eligibility
Requirements**

- The EA household must be in one or more of the situations described in 106 CMR 309.040.
- EA benefits may not be granted if the need is a result of the refusal without good cause of any member of the household to accept employment or training for employment.
- EA households may be authorized to receive EA within a 30-consecutive-day period once in 12 consecutive months. The exception to the rule is a disaster beyond the control of the applicant, such as a fire, tornado or earthquake. In these types of disasters, emergency shelter benefits may be authorized even if the EA household has received EA benefits within the past 12 months.
- Each EA benefit requires specific verifications and conditions that must be met for the household to be eligible for the benefit.

Emergency Situations, Benefits and Forms

The following table lists the emergency services that an EA household may be eligible to receive. Consult chapter 309 in the *AFDC Policy Manual* to determine whether a household meets all the eligibility requirements for a particular service and to identify the required verifications.

Emergency Situation	Manual Citation	EA Forms
Disaster (homelessness)	309.040(A)	
<ul style="list-style-type: none"> • temporary emergency shelter • housing search assistance • counseling services 		TES-1 EA-9 (fire)
Homelessness - Lack of Feasible Alternative Housing	309.040(A)	
<ul style="list-style-type: none"> • temporary emergency shelter • housing search assistance • counseling services 		TES-1
Prevention of Homelessness*		
1. Imminent Eviction	309.040(B)	
<ul style="list-style-type: none"> • rent or mortgage arrearage 		EA-7R, EA-7M EA-8 (lien)
2. Threat to Health/ Safety	309.040(C)	
3. Mistreatment	309.040(D)	
4. Relocation for Medical Reasons	309.040(E)	
<p>*If the prevention of homelessness is not possible (1-4) and the EA household becomes homeless due to lack of feasible alternative housing, then the benefits and EA form identified in the Homelessness section above apply.</p>		
Utility Shutoff and Nondelivery of Fuel	309.040(F)	
<ul style="list-style-type: none"> • electric arrearage • gas arrearage • water/sewerage arrearage • fuel arrearage • current fuel delivery 		EA-4 EA-4 EA-4 EA-4 EA-4

Emergency Assistance

Applying for EA Benefits

10-5

Interview

When an applicant requests EA benefits, the following actions are to be taken:

CMA-1A

- complete the CMA-1A with the applicant. The applicant's signature on the CMA-1A establishes the date of the EA application and begins the timeframe during which benefits must be provided;
- give the applicant the *Your Right to Know* booklet;
- establish the identity of the applicant with a driver's license, social security card, other acceptable verifications, or with information already in a case record;

EA-6

- complete the EA application (EA-6) with the applicant any time an applicant requests EA, even if the applicant does not appear to be eligible at that time. Information that is current and available in the case record may be used;

CALC Screen

- use the CALC screen to determine income eligibility, using the past four weeks' income. The AFDC grant counts as income but SSI income is noncountable;

Case Data-1 Screen

- review the Case Data-1 screen to determine if the applicant has received EA benefits within the past 12 months. If benefits were provided within the past 12 months, the EA application must be denied unless this EA request is the result of a disaster.

Note: Issuing a second EA for a disaster does not change the 12-consecutive-month period that must elapse after the start of a 30-consecutive-day authorization period. If EA was provided in June and a second EA for temporary emergency shelter is provided in December due to a fire, the 12-consecutive-month period is counted from June, not December.

- convey to the applicant his or her responsibilities in providing the verifications within specified timeframes;

Applying for EA Benefits (cont.)

NFL-16

- complete the NFL-16 identifying the needed verifications and timeframes for the applicant to submit the verifications and for the Department to take action. Give or mail the original NFL-16 to the applicant, file one in the case record and maintain the third for a tickler file. Refer to the Timeframes Governing the Delivery of EA Benefits section of this chapter. More than one NFL-16 may be needed if all of the information about the vendor(s) or the amount(s) is not known at the same time. If the applicant does not know the name of the vendor or the amount of arrearage, do not issue an NFL-16 for the particular benefit until the information is known;

VC-1

- complete a VC-1 if verifying income, assets or a categorical reason is needed, using the earliest time frame identified on the NFL-16 as the date due on the VC-1;
- make a prompt and accurate assessment of the applicant's eligibility for EA benefits;
- refer to the *AFDC Policy Manual* whenever necessary; and
- determine if mismanagement of funds exists when EA benefits are provided for rent, mortgage or utility arrearages to an active category 0, 2 or 4 case. Refer to 106 CMR 306.620 in the *AFDC Policy Manual* or 106 CMR 323.610 in the *EAEDC Policy Manual*.

Process Forms

Based on the submitted verification(s) and the circumstances, determine the applicant's eligibility for EA. A final disposition of the EA application must be made: approval, denial or withdrawal by the applicant. Complete the following forms as appropriate:

PID

- complete a PID, the PACES Input Document, to establish the case on PACES when the household is not currently active on PACES on category 0, 2 or 4. Cases established on PACES for EA only must be date-pended and closed at the end of the 30-consecutive-day authorization period using action reason 70. Refer to the *Systems User's Guide, Volume 1, PACES* for complete instructions on establishing and closing a case;

Applying for EA Benefits (cont.)**EA-1**

- complete an EA-1, the Authorization for EA Benefits form, when the EA benefit has been approved but the invoice(s) will be issued after the 30-consecutive-day authorization period. Refer to the Authorization and Payment of EA Benefits section of this chapter for further information;

**Invoice for
Special Services**

- complete an invoice to provide payment for each approved EA benefit. An invoice may be issued after the 30-day-authorization period *only* for benefits that were authorized during the 30-day-authorization period. The Special Services Payment System (SSPS) will not accept an invoice if an EA-1 had not been completed to indicate an invoice would be issued after the 30-day period. An EA benefit code is always code E. Refer to the *Systems User's Guide* for complete instructions.

Note: There are two systems that provide payment for EA benefits. They are the Special Services Payment System (SSPS) and the Homeless Emergency Rent System (HERS). All invoices are processed through SSPS unless certain criteria are met. Refer to the *Systems User's Guide* for complete instructions.

NFL-9

- complete an NFL-9 to notify the applicant in writing of the approval, denial or termination of each benefit requested. Give the original and one copy to the applicant; file one copy in the case record.

Timeframes Governing the Delivery of EA Benefits

For each benefit available through EA, a timeframe is indicated on the NFL-16 during which the applicant must submit the verification(s) and for the Department to take action. EA benefits must be provided within certain timeframes pursuant to the *Cornelius* consent decree. The timeframes are given in calendar days beginning with the date of request. The Department timeframe is extended by the number of days the applicant exceeds the applicant timeframe for providing the required verification(s). If the applicant has four days to provide the verification but takes five, then the Department timeframe of seven days is extended to eight days from the date of request.

Note: Because of the emergency nature of some situations, the time necessary to obtain required verifications may result in serious, imminent risk to the health and safety of the household. If this appears to be the case, consult the local office director. If the director approves the EA request, document the approval in the case record, authorize the EA benefit on a temporary basis, and waive the verifications until the next opportunity to obtain them.

The applicant must provide the verification(s) by the thirtieth day after the request for the verification(s) is made. If the verification(s) is not received, the EA request must be denied. The applicant may apply again for EA.

If the applicant provides the verification(s) sooner than required, the Department timeframe does not change. However, action should be taken as soon as possible after the verification(s) is received.

Authorization and Payment of EA Benefits—EA-1s and Invoices

Review all the emergency needs the applicant may have to determine if the EA household is eligible for benefits under one or more of the emergency situations described in Emergency Situations, Benefits and Forms. Identifying of all applicable emergency situations and benefits will ensure the proper authorization for approval and payment of the benefits.

- All benefits that the applicant is eligible for must be authorized for approval within the 30-consecutive-day authorization period. A benefit is "authorized" when an Invoice for Special Services (an invoice) is data-entered onto SSPS; if an invoice cannot be completed, then an EA-1 must be completed and data-entered onto SSPS.
- The 30-day-authorization period begins with the date of the first authorization as distinguished from the date of request. The date of the first authorization is the date the first invoice or an EA-1 is data-entered onto SSPS.
- No invoice may be issued after the 30-consecutive-day authorization period unless the benefit was authorized for approval on an EA-1 within the 30-consecutive-day authorization period.

Some EA situations require only an Invoice for Special Services, whereas other situations also require the completion and data entry of the EA-1. Temporary emergency shelter always requires both.

Invoice

Complete and data enter the invoice if within the 30-day-authorization period, the vendor(s) and the amount(s) of the EA payment(s) are known and all needed verification(s) have been received.

Example: Request for payment of utility arrearage is received, all verifications are submitted and an invoice for payment of the arrearage is completed within 30 days. No outstanding needs remain.

Authorization and Payment of EA Benefits—EA-1s and Invoices (cont.)**EA-1**

authorization period, the vendor(s) or the amount(s) cannot be determined or a needed verification(s) is not received. An EA-1 is used to show that an EA benefit has been authorized for approval within the 30-day-authorization period and that an invoice for payment will be issued after the 30-day-authorization period.

Example: EA applicant requests rental arrearage. An invoice is issued for the benefit. Before the 30-day-authorization period expires, the applicant also requests EA for a utility arrearage but all verification is not available. As the request is within the 30-day-authorization period and the benefit will be approved, an EA-1 must be completed to authorize the payment of the benefit (the invoice) after the 30-day-authorization period.

Example: EA applicant requests temporary emergency shelter. Because the length of stay in temporary emergency shelter is undetermined, an EA-1 must be completed to authorize payment of the benefit (the invoice) during and following the 30-day-authorization period.

Note: A separate EA-1 must be completed and data-entered for each EA situation. Refer to the Emergency Situations, Benefits and Forms section in this chapter.

Refer to the *Systems User's Guide* for complete instructions on how and when to void or reissue:

**Void an EA-1
Or
An Invoice**

- an EA-1,
- an Invoice for Special Services,
- an Invoice for Emergency Shelter, and
- the 30-day-authorization period.

After the applicant has met the requirements in the Basic

Emergency Assistance

Instructions for Specific EA Requests

10-11

Applicant Requests Rent or Mortgage Arrearage Payment 106 CMR 309.040(B) 309.060

After the applicant has met the requirements in the Basic Eligibility Requirements and the Applying for EA Benefits sections of this chapter, the following steps are to be completed to provide the benefit(s) requested.

- Complete and give the NFL-16 to the applicant;
- applicant submits a notice to quit from the landlord of the rental unit or an intent by the mortgagee to foreclose on the mortgage;
- determine the amount of arrearage for three months to be paid (four months rental arrearage under special circumstances);
- for rental arrearage, complete the EA-7R, Agreement of Landlord to Terminate Eviction and Statement of Rent Arrearage, with the applicant. The applicant submits this form to the landlord for signature. The completed EA-7R must be returned to the local office; or
- for mortgage arrearage:
 - complete the EA-7M, Agreement of Mortgagee to Terminate Foreclosure and Statement of Mortgage Arrearage, with the applicant. Explain that the Department will file a lien against the property for the amount of the mortgage arrearage payment plus interest. Clarify that the lien against the property will not mean that the applicant no longer owns the property. The applicant submits the EA-7M to the mortgagee. The mortgagee must sign the EA-7M and attach a copy of the mortgage to it. The completed EA-7M must be returned to the local office;
 - complete the EA-8, Notice of Emergency Assistance Lien, with the applicant when the EA-7M is returned:
 - the applicant and co-owner(s) of the property, if a member(s) of the EA household, must sign the EA-8;
 - enter the Book and Page number for the deed as noted on the mortgage document;

Instructions for Specific EA Requests (cont.)

- enter the SSPS invoice number issued for the mortgage arrearage payment.

The EA-8 remains in effect until an amount equal to the mortgage arrearage payment plus interest is paid to the Department and the Department releases the lien. Refusal to provide information or to sign the EA-8, either by the applicant or the co-owner, is cause for denial of the EA request.

- forward the original EA-8 to the Finance Unit at Central Office. Finance will record the lien with the appropriate county Registry of Deeds. Distribute other copies as indicated on the EA-8;

Note: Liens for mortgage arrearages: 106 CMR 309.060. An EA mortgage arrearage request made on or after 10/1/92 requires a lien against the property as a condition of eligibility.

- complete the EA-1, as needed;
- complete an Invoice for Special Services for the amount of the rent or mortgage payment. Enter code "L" in the check code block to indicate the lien (EA-8) has been completed and forwarded to Finance; and
- complete the NFL-9 for approval or denial, sending the original to the applicant and filing a copy in the case record.

Instructions for Specific EA Requests (cont.)**Applicant
Requests
Utility or Fuel
Arrearage
Payment
106 CMR
309.040(F)
309.060**

- Complete and give the NFL-16 to the applicant;
- applicant submits shutoff notice or notice of outstanding fuel bill;
- determine the amount of arrearage for three months to be paid (four months under special circumstances);
- complete the appropriate information on the EA-4;
- give the EA-4 to the applicant to be completed with the vendor. The completed EA-4 must be returned to the local office;
- complete the EA-1, as needed;
- complete an Invoice for Special Services for the amount of the utility or fuel payment; and
- complete the NFL-9 for approval or denial, sending the original to the applicant and filing the copy in the case record.

**Applicant
Requests
Current Fuel
Delivery
106 CMR
309.060**

- Complete and give the NFL-16 to the applicant;
- applicant submits verification that fuel will not be delivered;
- complete an Invoice for Special Services for the amount of the fuel delivery(ies) to be made during the 30-day-authorization period; and
- complete the NFL-9 for approval or denial, sending the original to the applicant and filing the copy in the case record.

Note: An EA-1 cannot be used to authorize current fuel delivery because this benefit must be provided during the 30-day period.

Authorization of Specific EA Requests (cont.)**Applicant
Requests
Temporary
Emergency
Shelter
106 CMR
309.040**

- Interview the applicant to determine the reason for homelessness;
- refer the applicant to the director or designee to investigate other feasible alternative housing, including temporary suitable accommodations with family, friends or charitable organizations for the applicant and his or her family. Only the director or designee may authorize temporary emergency shelter;
- complete the HAP/HSA and the HS forms when temporary emergency shelter is requested due to health or safety reasons; and
- send the HAP/HSA to the Department of Social Services (DSS) for assessment of housing situation. DSS assessment must be received to confirm homelessness due to a threat to health or safety.

At this point, the person responsible for completing the following tasks may vary among the local offices. The responsible person may be the director, a designee or the worker.

- Complete and give the NFL-16 to the applicant;
- complete the EA-1 before issuing an invoice for temporary emergency shelter, including hotels and motels;
- complete the Temporary Emergency Shelter Agreement (TES-1) with the applicant:
 - identify two communities for the applicant's housing search, keeping in mind family ties and medical or educational needs;
 - contact the "buddy" shelter;
 - arrange for placement in a family shelter located in:
 - one of these two communities,
 - a community adjacent to these two communities, or
 - a community within 20 miles of these two communities.

Instructions for Specific EA Requests (cont.)

Placement in a hotel or motel should occur only when a family shelter is unavailable in any of the communities described above.

- carefully review with the applicant the rules and regulations associated with temporary emergency shelter, such as housing search activities, shelter rules, department-designated shelters without regard to location, and shelter placement terminations;
- forward a copy of the HAP/HSA and the TES-1 to the Housing Search worker;
- enter the information about the applicant on the Homeless Tracking System;
- maintain contact with the applicant and the housing search worker after placement in a shelter, hotel or motel;
- complete an invoice before the applicant enters the family shelter for the period from the date of entrance into the shelter through the last day of the month. Give the applicant the original invoice for the shelter; or
- complete an invoice for a period of seven days or in accordance with local office procedures if the applicant is placed temporarily in a hotel or motel. Give the applicant the original invoice for the hotel or motel.

In emergency situations, when the applicant appears to be eligible and needs immediate shelter but has not been determined to be eligible, an invoice may be issued for a period of up to seven days. Notify the shelter of the applicant's tentative status and that upon determination of eligibility, a second invoice will be issued for the remainder of the month. If the applicant is subsequently determined to be ineligible, notify the shelter immediately and adjust the invoice to reflect service through the date the application is denied;

Instructions for Specific EA Requests (cont.)

- review the log submitted by the shelter by the fifth day of each month the log identifies a family residing in the shelter as of the first day of the month. Complete an invoice for each family with the first day of the month and the last day of the month;
- forward the original invoice to the shelter within five days. Give a copy to Data Entry; and
- adjust the date on an invoice when the family leaves the shelter during the course of the month. Refer to the Authorization and Payment of EA Benefits section of this chapter for information.

Substance Abuse Treatment Shelter Programs

The Department provides funds for ten statewide substance abuse treatment shelters. The applicant must be willing to seek treatment for the substance abuse problem in order to be placed in a substance abuse treatment shelter. The shelter allows the applicant and his or her children, if the applicant retains custody of them, to reside together during the treatment program. The length of stay in a substance abuse treatment shelter is approximately nine months. At the conclusion, the program "graduate" moves into suitable permanent housing.

The following describes the process for determining if an applicant is eligible for temporary emergency shelter through the treatment program. The applicant must be EA eligible and homeless for the process to continue.

Local Office Worker

The local office worker will do the following:

- complete the EA-6 for shelter;
- determine if the applicant is eligible for the EA program;
- determine if the applicant is homeless and without feasible alternative housing as specified in 106 CMR 309.040;
- refer the applicant to a non-welfare funded substance abuse treatment program for assistance if the applicant is not EA eligible or is not homeless. Complete an NFL-9 to deny the applicant's request for temporary emergency shelter. The original is sent to the applicant and a copy is filed in the case record;
- complete the Temporary Emergency Shelter Agreement (TES-1) with the applicant;
- complete the EA-1 if the applicant is EA eligible and homeless;
- request a substance abuse assessment from the Department of Social Services regarding the need for services with the applicant's consent. An assessment by DSS is not required prior to the applicant's interview with a shelter but it is strongly suggested. This assessment will identify the needs and services for the applicant to recover from the substance abuse;

Substance Abuse Treatment Shelter Programs (cont.)**Substance
Abuse
Intake
Coordinator—
Central Office**

- contact the Central Office Substance Abuse Intake Coordinator with information about the applicant; and
- complete necessary forms based on disposition of applicant's shelter request.

If the applicant is EA eligible and homeless, the worker contacts the Central Office (CO) Substance Abuse Intake Coordinators in the Housing Unit by calling (617) 348-5053 or 348-5330. The intake coordinators will:

- identify any available substance abuse treatment slots;
- arrange for an intake interview for the applicant at the substance abuse treatment program;
- notify the local office worker to complete an invoice for the period from the date of entrance into the shelter through the last day of the month if the applicant is accepted into the shelter and if:
 - detoxification services are needed, DSS places the children in voluntary foster care or with family or friends. After detoxification, the applicant and children go to the shelter and enter the treatment program;
 - detoxification services are not needed, then the applicant and children go to the shelter and enter the treatment program.
- arrange for another intake interview if the initial substance abuse treatment program denies admittance to the applicant;
- refer the applicant to a non-welfare-funded substance abuse treatment program if there are no available welfare-funded substance abuse treatment slots. If there are no slots in a substance abuse treatment program and the applicant is homeless, the applicant is referred back to the local office worker for temporary placement in a family shelter until there is an opening; and
- inform the local office worker about the family situation and the shelter placement.

Substance Abuse Treatment Shelter Programs (cont.)**Shelter
Placement
Follow-up**

The CO coordinator will notify the local office worker of the applicant's shelter status. The local office worker must do the following:

- enter the information about the applicant on the Homeless Tracking System;
- complete an invoice for the period from the date of entrance into the shelter through the last day of the month;
- complete an NFL-9 for approval of shelter benefits; and
- transfer the case, as appropriate, to the local office that covers the area in which the shelter is located. This should occur after the applicant has resided in the shelter for at least 30 days.

Noncompliance with Shelter Placement Policy

A household will be placed in a shelter without regard to location when the household is not in compliance with the rules and regulations of temporary emergency shelter. The term "without regard to location" means that the shelter does not have to be within the boundaries of the household's housing search, adjacent communities, or even within 20 miles. The EA household will be placed wherever there is a vacancy in a family shelter. Only as an interim measure may the household be placed in a hotel or motel when noncompliance exists.

Noncompliance reasons include:

1. failure to sign or comply with the TES-1;
2. unreasonable failure to attend a scheduled family shelter interview;
3. unreasonable refusal to accept a placement in a family shelter;
4. unreasonable behavior at a family shelter interview resulting in the shelter's not accepting the household for placement;
5. being asked to leave two temporary emergency shelters (includes hotels and motels) because of:
 - three rules violations, or
 - threat to health or safety of self, other shelter guests, or shelter staff;
6. refusal to accept three opportunities for safe, permanent housing; or
7. failure to comply with one of the following housing search requirements:
 - doing housing search activities four days per week unless unusual circumstances prevent this;
 - meeting at least weekly with the housing search worker.

Noncompliance with Shelter Placement Policy (cont.)

After being asked to leave a *third temporary emergency shelter* placement because of:

- three rules violations, or
- threat to health or safety of self, other shelter guests or shelter staff,

the temporary emergency shelter placement will be terminated.

The director, designee or the worker submits information to the Noncompliance Committee in Central Office to make the final determination of noncompliance. The information is captured on the EA Noncompliance Referral Form (EAN-1). Based on how fast a decision is needed, send, FAX, or call the EAN-1 information to:

Field and Eligibility Operations
Attention: Peter Boyle
600 Washington St.
Boston, MA 02111
FAX - (617) 727-0166
Telephone (617) 348-8423

This section describes the forms used in EA and provides guidance in how to use the forms.

CMA-1A: *Request for Assistance* — must be signed by the applicant. The date on the CMA-1A starts the application process and the timeframes for providing the verifications and benefits.

EA-6: *EA Application* — complete all sections, including information on all members of the household. Record the applicant's reason for application. Discuss additional EA benefits that are available and that the applicant may require.

EA-4: *Utility and/or Fuel Agreement* — complete this form when a request is made for utility or fuel arrearages. Complete with (1) the name of the vendor, (2) the amount of payment authorized by the Department, (3) the applicant's name and address, and (4) the total amount owed. Determine the amount of payment to be authorized by comparing the total amount of the arrearage with three months' utility service. The amount to be authorized is the lesser of these two amounts. Four months' service may be authorized only if the household would be without service if that amount is not included in the arrearage payment. (See EA-11.)

EA-7M: *Agreement of Mortgagee to Terminate Foreclosure and Statement of Shelter Arrearage* — complete this form when a request is made for mortgage arrearages. Complete with (1) the applicant's name and address, (2) the name of the vendor, (3) the amount of monthly mortgage payment for the dwelling, (4) the total amount of arrearage, and (5) the amount of payment authorized by the Department. Determine the amount of payment to be authorized by comparing the total amount of the arrearage with three times the current monthly mortgage. The amount to be authorized is the lesser of these two amounts. (See EA-8.)

EA-7R: Agreement of Landlord to Terminate Eviction and Statement of Rent Arrearage – complete this form when a request is made for rent arrearages. Complete with (1) the applicant's name and address, (2) the amount of monthly rent for the dwelling, (3) the total amount of arrearage, and (4) the amount of payment authorized by the Department. Determine the amount of payment to be authorized by comparing the total amount of the arrearage with three times the current monthly rent. The amount to be authorized is the lesser of these two amounts. Four months' rental arrearage may be authorized only if the household would be homeless if that amount was not included in the arrearage payment.

EA-8: Notice of Emergency Assistance Lien – complete when a request is made for an EA mortgage payment. This form must be signed for a mortgage arrearage payment to be made. (See EA-7M.)

EA-9: Assignment of Potential Fire Insurance Recovery – complete when a request is made for EA benefits because of a fire.

EA-11: Fuel Assistance Program – complete when a request is made for fuel or utility payments during the period when the Fuel Assistance Program is in operation. The Fuel Assistance Program assists in the payment of winter heating bills and the applicant must apply for fuel assistance before an EA application can be processed. Completion of this form proves that the applicant has applied for and/or received fuel assistance. The EA application must be processed if the fuel assistance agency does not provide assistance within seven days.

EA-12: Release of Emergency Assistance Lien – this form is used only by the Finance Unit. It is completed when the EA mortgage arrearage payment plus interest is repaid in full by the household. (See EA-7M and EA-8.)

HAP/HSA: Housing Assistance Profile – complete before an applicant enters a temporary emergency shelter. This form captures information about the homeless applicant. Copies of this form are given to the shelter and housing search worker. DSS is provided with a copy when the applicant is requesting benefits due to a threat to health and/or safety.

HS: *Homeless Family Profile Summary* – this form captures information that is entered onto the Homeless Tracking System.

TES-1: *Temporary Emergency Shelter Agreement* – complete when a request is made for temporary emergency shelter. This agreement details the applicant's and the Department's responsibilities, the names of the communities for housing search and the names and addresses of potential shelters. The EA applicant and spouse, when appropriate, must sign this agreement. The Contract Amendment section is used when shelters that were not available at the time the agreement was signed become available at a later date. Be sure the applicant is aware of the five-day appeal rights.

EAN-1: *EA Noncompliance Referral* – complete when an EA household is in noncompliance with the temporary shelter requirements. Central Office reviews the information and makes the final decision on the noncompliance issue. Local office follow-up is required.

TES-NFL-1: *Notice of Noncompliance Temporary Emergency Shelter Placement* – complete, based on Central Office review, when an EA household is determined to be in noncompliance with temporary emergency shelter requirements and will be placed in a designated shelter. This notice informs the EA household of the reasons and includes the appeal rights.

NFL-9: *Notice of Approval, Denial, or Termination of Emergency Assistance or Other Financial Assistance Benefits* – complete this notice to notify the applicant of the approval or denial of the EA request. Include the reason and manual citation for a denial or termination of the EA benefit.

NFL-16: *Notice to Individuals Requesting EA Services* – complete when verification(s) is needed to process the EA request. This notice includes a list of possible verifications and the timeframes allowed for the applicant and the Department.

Overview

An overpayment is a payment to an assistance unit in excess of the amount to which it is actually entitled. It may be discovered during case maintenance, redetermination, or as the result of some other information.

The action taken to recover an overpayment depends upon its cause. Overpayments result from Department error, payments pending a fair hearing decision or recipient error and misrepresentation/withholding of information.

Department Error

Overpayments made as a result of Department errors must be recovered. Examples of Department errors include:

- failure to notify recipients of the requirement to report information affecting eligibility or grant amount;
- failure to act upon information already in the case record or given to the worker by the recipient; and
- erroneously recorded information (including arithmetical errors, improper PACES TD or worksheet codes, and misapplications of policy).

Fair Hearing

Overpayments made as aid paid pending the decision of a fair hearing must be recovered.

An overpayment may result from:

- continuing assistance paid pending a fair hearing decision ultimately decided in the Department's favor; or
- a split fair hearing decision, in which the action of the Department is only partially upheld.

In this case, the amount of the overpayment is the amount determined by the fair hearing decision to have been incorrectly paid.

All form letters notify the recipient of the Department's intent to recover aid paid pending a fair hearing decision if the Department prevails and the appellant's option of waiving the receipt of aid pending a hearing.

When a worker receives a decision from the Division of Hearings, recovery procedures must be implemented if an overpayment occurred. Refer to pages 11-3 through 11-5 in this chapter for more details.

**Recipient
Error**

Recipient error occurs when the recipient fails to notify the Department in a timely manner of a change in his or her income, assets, or other factors affecting eligibility or grant amount.

The worker must complete a Referral for Investigation (RFI-1) to the Bureau of Special Investigations (BSI) for these situations.

The determination that an overpayment resulted from fraudulent recipient error is made by BSI. (Refer to pages 11-6 through 11-8 in this chapter for more information on BSI referrals.)

**Misrepresentation/
Withholding of
Information**

Misrepresentation/withholding of information includes, but is not limited to:

- oral or written misstatements in response to questions concerning income, assets, household composition, or any other circumstances that may affect eligibility or the grant amount;
- failure to report changes in income, assets or other circumstances that affect eligibility or the grant amount; or
- failure to report payments that the recipient knew were erroneous because of prior written notification by the Department.

Recovery**Overview**

Recovery is the means by which money erroneously paid to an assistance unit is paid back to the Department.

The method of recovery is determined by the worker and the recipient when the overpayment is:

- caused by Department error;
- caused by payments made pending a fair hearing decision; or
- referred for fraud but not considered fraudulent by BSI.

If the cause of the overpayment was fraudulent misrepresentation/withholding of information (as determined by BSI), the method of recovery is determined by BSI and the recipient.

Amounts

Amount Retained	Recipients with...
99%	overpayments initiated prior to 11/1/92 may retain from their grant and other gross income combined an amount equal to 99% of their payment standard, unless: <ul style="list-style-type: none">— a larger repayment amount is requested; or— the recipient fails to pay back the Department as scheduled.
90%	overpayments initiated on or after 11/1/92 may retain from their grant and other gross income combined an amount equal to 90% of their payment standard, unless a larger repayment amount is requested.
90%	lump sum or installment agreements who miss one such payment on or after 11/1/92 must repay the remaining overpayment by recoupment. Recipients must retain from their grant and other gross income combined an amount equal to 90% of their payment standard unless a larger repayment amount is requested.

Overpayments Recovery

11-4

Methods

Once the amount of the overpayment is determined, the method of recovery is chosen. The worker explains the three methods available and assists the recipient in making the decision.

Lump sum is a one-time payment of funds, usually drawn from the recipient's assets. If the recipient chooses a lump-sum payment, it should be in the form of a money order or a certified check payable to the Commonwealth of Massachusetts.

Recoupment is the reduction of the recipient's assistance grant to recover benefits to which the assistance unit was not entitled.

Installment payments are the regular payment of funds by the recipient or former recipient at specific intervals to the Department.

Normally, installment payments are received from a recipient on a monthly basis in the form of a money order or a certified check payable to the Commonwealth of Massachusetts.

Worker Responsibilities

The following list is an overview of the responsibilities for recovering overpayments.

- Determine the type and amount of the overpayment.
- Conduct an interview with the recipient to inform him or her about the overpayment and recovery methods when appropriate.
- Complete a Repayment Agreement (CRU/OP-1) with the recipient and send this along with any payments to the Centralized Recoupment Unit (CRU). Their address is printed on the form.
- Place the recipient on automatic recoupment if he or she fails to sign an agreement or misses a payment.
- Remind the recipient that if he or she is paying by lump sum or installments and fails to meet the agreement by missing one payment, he or she must repay the remaining obligation by recoupment. (Local offices are notified by a Centralized Accounts Receivable [CARS] report of those recipients who miss one installment or lump-sum payment.)
- Complete a PACES worksheet for cases subject to recovery. Refer to pages IV-25 through IV-27 in the *Systems User's Guide: Volume I, PACES* for information on document completion.

PACES will send the recipient a notice about the impact of the recovery on his or her grant amount.

Overpayments
Recovery

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AFDC Closing

If a case closes and money is still owed to the Department, remember to complete a Repayment Agreement, CRU/OP-1. Once the CRU receives information on the closing, it will begin billing the former recipient for any outstanding balance.

**Policy
Reference**

For more information on overpayments, refer to 106 CMR 306.200 through 306.300 in the *AFDC Policy Manual*.

Overview

The Bureau of Special Investigations (BSI) is the agency responsible for investigating cases of suspected fraud. Department staff are legally prohibited from conducting fraud investigations, although a worker must follow up on conflicting information about a recipient's present circumstances to determine current eligibility and grant amount.

Once a worker refers a case to BSI, he or she may not require a recipient to furnish verifications concerning the possible past fraud. However, a worker is required to obtain any information relevant to a determination of current eligibility.

A worker may not accept an offer of repayment from a recipient and may not institute recovery during an ongoing BSI investigation.

**Referral
Process**

Complete a BSI Referral for Investigation, (RFI-1) when:

- information suggests that a recipient or vendor intentionally made a misstatement or withheld information to obtain a payment from the Department;
- a recipient receives an overpayment that was not caused by either Department error or the continuation of payments pending a fair hearing decision and where there is a possible fraudulent misrepresentation/withholding of information;
- a case involves inconsistent or contradictory information concerning current eligibility that cannot be resolved through collateral contact or additional verifications; or
- information from computer matches, other agencies or outside parties indicates that an overpayment may exist.

In cases of vendor or provider fraud, send the RFI-1 to:

Department of Public Welfare
Provider Review
600 Washington St.
Boston, MA. 02111

Overpayments Fraud Referrals

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Follow-up

When BSI completes its review, it will return the RFI-1 to the Department. Copies are sent to Central Office. The document will indicate the status of the investigation as either A, B, C or D. Central Office will send the annotated RFI-1 to the local office for appropriate follow-up, if any.

Group A

For Group A cases, the BSI referral is rejected and returned without an investigation.

Make sure the RFI-1 was properly completed. If there were omissions on the form or new information is known, resubmit the more complete RFI-1.

Group B

For Group B cases, the BSI referral is investigated, but an overpayment does not exist, based on the RFI-1.

Make sure all information was properly completed on the RFI-1 and resubmit the form if new information is discovered.

Group C

For Group C cases, an overpayment exists, but there is no fraud.

In these cases, Central Office sends current or former recipients a Notice of Overpayment (ORN-C) indicating the:

- amount and calculation of the overpayment;
- time period involved;
- reason for the overpayment;
- repayment options and ways to dispute the determination;
- results of a current recipient's failure to respond or make the required payments (automatic grant reductions); and
- right to challenge the existence or the amount of the overpayment through an appeal hearing or discussions with the worker.

Workers will receive a copy of the notice sent by Central Office to Group C cases.

Group C
(cont.)

Follow up on the case by:

- conferring with the recipient if requested;
- completing the appropriate documents (Repayment Agreement (CRU/OP-1) and PACES worksheet); or
- participating in a fair hearing if one is requested.

Group D

For Group D cases, the evidence indicates a fraudulent overpayment. BSI will initiate the criminal prosecution process.

Central Office will send a "Notice of Stay of Administrative Overpayment Proceedings Pending Criminal Prosecution" (ORN-D) to these recipients and former recipients within 30 days of receipt of information from BSI. A copy of this notice will also be sent to the local office.

The notice will contain the:

- amount of the overpayment;
- time period involved;
- potential for criminal prosecution and the fact that the Department's own recovery procedures will be delayed pending the outcome of BSI's actions.

BSI will notify Central Office once Group D proceedings are completed. The local offices will be notified by Central Office of the final results on Group D cases as well as any remaining recovery procedures that may still be necessary.

Overview

An underpayment occurs when an assistance unit receives less than the full grant amount for which it is eligible. Underpayments may include, but are not limited to, situations in which:

- a PACES worksheet is completed or key-entered incorrectly;
- a PACES worksheet is submitted after the release date;
- the Department fails to make a grant payment to an assistance unit in a month that it should have received a payment or an increase in their grant; or
- a fair hearing decision indicates the recipient was underpaid.

Recipients must be notified of underpayment approvals or denials. Complete the NFL-9 for an approval or a denial; include the reasons(s) for denial and a manual citation, if applicable.

Corrective Payments

The corrective payment for an underpayment is the difference between the correct assistance grant amount and the actual payment amount received. The correct assistance grant amount may be determined by using the CALC screen on PACES.

To issue a corrective payment, enter the amount on the PACES TD in block 71 along with a "Q" Type in block 70.

Corrective payments are not considered income or assets in the month paid or in the following month.

To correct cases subject to Monthly Reporting, PACES worksheets that were incorrectly completed or incorrectly entered in the system may be corrected by:

- retrieving the PACES worksheet and submitting a corrected PACES worksheet prior to the release date; or
- issuing a corrective payment if an underpayment occurred or will occur in the corresponding Payment Month.

Policy References

Refer to 106 CMR 306.200 and 306.210 in the *AFDC Policy Manual* for more information on underpayments.

Introduction

An appeal for a fair hearing is an applicant's or recipient's right in response to an action or inaction taken by the Department in an applicant's or recipient's case. An appeal decision is based only on those matters and evidence presented at the hearing, and is conducted by an impartial referee of the Division of Hearings. "Grounds for Appeal" may be found in 106 CMR 343.230 of the *Fair Hearing Rules*.

Preparation

When a hearing date is scheduled, the Division of Hearings sends the applicant or recipient notification of the hearing date with his or her rights and responsibilities.

- Make sure you have reviewed the file.
- Discuss any questions you have about the case with your supervisor.
- Contact the Legal Division if you would like an opinion on the case situation.
- Prepare copies of material to be submitted as evidence at the hearing.
- Inform your supervisor as soon as possible if you are not going to be available for the hearing, so that alternative arrangements for Department representation at the hearing may be made.

Hearing

- Each party should present his or her own position at the hearing, and submit the substantiating documentation in support of each position.
- Each party may cross-examine the other party to get additional or clarified information.
- Submit copies of material to be used as evidence, and have case record with you for reference.

Appeals AFDC

Hearing (cont.)

- After each party has presented his or her view, and the supporting evidence for his or her position before the referee, the appeal referee ends the hearing.
- If any additional information is needed, or the information presented is inconclusive, the hearing will be held open until all needed documentation is submitted. The hearing is then officially closed by the referee.
- The referee writes the decision, and the Division of Hearings sends a copy to the applicant or recipient. A copy is also sent to the local office, to be implemented as indicated.

Implementa- tion of the Hearing Decision

- When local office action is required, you should implement the referee's decision in accordance with the guidelines found in the *Fair Hearing Rules*. For timeliness of appeal implementation, see 106 CMR 343.640 in the *Fair Hearing Rules*.

Reminders

- No one may interfere with the referee's decision-making process by attempting to influence his or her decision.
- If, before the hearing, it becomes apparent that the appeal should be withdrawn because the matter has been resolved to the satisfaction of the appellant, obtain the appellant's written withdrawal, and forward it to the Department of Hearings. You may also sign the withdrawal, in addition to the appellant, as Department Representative.
- An appeal decision, once rendered, applies only to that one case and does not set a precedent.

Appeals AFDC

Reminders (cont.)

- If, during the hearing, it becomes apparent that Department action is no longer appropriate and should be voided, make a statement to that effect, and suggest that the appellant withdraw the appeal in response.

Under the Fair Information and Practices Act, the Department may only collect data that are relevant and reasonably necessary for aid determination. You should:

- Make sure all data in the file are protected, and that unauthorized removal of material does not occur.
- Be sure the applicant's or recipient's file is available to him or her if he or she wishes to review it.
- Inform the applicant or recipient that he or she has the right to copy material in the file, at a cost per page, required by Department regulations.

Policy References

Please see 106 CMR 343, *Fair Hearing Rules*. Specific references are 106 CMR:

343.230 - "Grounds for Appeal"
 343.240 - "Request for a Fair Hearing"
 343.420 - "Rights and Responsibilities"
 343.640 - "Time Frames for Implementation"

The AFDC Reference Guide
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Vendor Payments

AFDC

Overview

A vendor payment is a money payment made directly to a provider of goods and services on behalf of an AFDC recipient.

Vendor Payment Situations

A vendor payment may be provided when:

- A grantee-relative demonstrates an inability to manage funds.
- A grantee-relative fails to meet the eligibility requirements of the CSEU or ET Programs, or to cooperate in providing information that would enable the Department to pursue any third-party liability for medical services unless he or she has good cause for refusing to do so. (Please see 106 CMR 306.610(C).)
- A grantee-relative requests that vendor payments be established.
- Certain AFDC-related benefits are authorized. (Please see 106 CMR 305 in the *AFDC Policy Manual*.)

Voluntary Vendor Payments

A voluntary vendor payment may be requested by a grantee-relative at any time. The applicant must request that voluntary vendor payments be established in writing. A copy must be placed in his or her case record. The guidelines for voluntary vendor payments are found in 106 CMR 306.630 of the *AFDC Policy Manual*.

Vendor Payments for Mismanagement

The Department may presume mismanagement and establish mandatory vendor payments on that basis when shelter costs, including, but not limited to, rent, heat, fuel, and utilities have not been met; or when an EA payment for arrearages (rent, mortgage, fuel, or utilities) is received by, or made on behalf of, the assistance unit.

You must place a statement, indicating the specific reasons for a presumption of mismanagement in the file, and refer the grantee-relative to a social service agency for counseling.

Vendor Payments

AFDC

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Vendor Payments for Failure to Cooperate with ET or CSEU and with Third-Party Liability

When a grantee-relative does not meet the requirements of the ET or CSEU Program, vendor-payment status must be established, to the extent possible. When the requirements of the ET or CSEU Program have been met, you may terminate vendor payments, with the approval of your supervisor. Further, vendor payments must be established when the grantee-relative has not cooperated with the Department in providing the Department with information that would enable it to pursue any third-party liability for medical services. Please see 106 CMR 306.620 of the *AFDC Policy Manual*.

Special Circumstances

Exceptions to a presumption of mismanagement are limited to whether a family has experienced a family emergency and/or whether the grantee-relative is legitimately exercising his or her consumer rights by withholding payment. Please see 106 CMR 306.620 of the *AFDC Policy Manual*.

AFDC-Related Benefits

Vendor payments are also used to provide AFDC-related benefits. If a payment has been made as an advance to the grant, the amount of the vendor payment must be deducted from the amount of the grant on which it was drawn. AFDC-related benefits may be benefits such as EA, crib and/or layette, etc.

Vendor Payments for Housing

When a vendor payment is made for rental housing, the housing must meet the requirements of the City, the Town Board of Health, or, if in Boston, the Commissioner of Housing Inspection. If the housing does not meet these requirements, do not establish vendor payments, and make a referral to the Department of Social Services.

Vendor Payment Review

A vendor-payment review must occur whenever circumstances change, but at least once every six months. When there is evidence that mismanagement no longer exists, you may terminate vendor-payment status, with the approval of your supervisor.

Notification

You must notify the grantee-relative through the VP-NFL-1 and the vendor through the VP-NFL-2 of the establishment and/or termination of vendor payments. The grantee-relative also receives a PACES Notice when he or she establishes, changes, or terminates vendor payments.

Vendor Payments

AFDC

Systems Implications

For SSPS information required for vendor payments, please see chapters four and six in the *Systems Manual*.

For PACES information required for vendor payments, please see the instructions in Volume 1, Chapter IV: "The PACES Worksheet," of the *Systems User's Guide*.

Policy References

106 CMR 306.600-306.680 of the *AFDC Policy Manual*.

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